

D. S. Richardson

Proceedings
OF THE
FIRST ANNUAL MEETING
OF THE
EASTERN MEDICAL ASSOCIATION,
AT
NEWBERN, N. C.,
NOVEMBER 3rd, 1874.

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Officers for Ensuing Year.

H. O. HYATT,	PRESIDENT,
H. W. HARPER, and JOHN S. TAFT,	VICE PRESIDENTS,
P. W. WOOLEY,	SECRETARY,
J. M. HADLEY,	TREASURER.

JAMES F. LONG, ORATOR.

PROCEEDINGS
OF THE FIRST ANNUAL MEETING OF THE
Eastern Medical Association,
AT
NEWBERN, N. C.

Pursuant to adjournment, the Eastern Medical Association met in Fireman's Hall, Tuesday evening, November 3d, at 8 o'clock, present, Dr. Charles Duffy, Jr., President; Drs. F. M. Rountree, George L. Kirby, Vice Presidents; Dr. P. W. Wooley, Secretary, *ad interim*.

The President called the Association to order.

The Secretary proceeded to call the roll, when the following members responded: Drs. H. O. Hyatt, H. W. Faison, M. E. Robinson, W. L. Best, S. S. Satchwell, James F. Long, George S. Attmore, C. J. O'Hagan, John S. Taft, Frank Duffy.

Dr. Hughes, by appointment of the Craven County Medical Association, delivered the following address of welcome in behalf of the Physicians and citizens of Newbern :

Mr. President and Gentlemen of the

Eastern Medical Association :

I am commissioned by the Craven County Medical Society to bid you welcome to the hospitalities of Newbern; to give you a cordial greeting and beg you to believe that all we have is at your command and for your enjoyment. We congratulate you, that upon this, your first annual reunion, your roll shows constantly increasing numbers, with the pleasing assurance that the beneficent object of your Society is being felt and appreciated not only by members of the profession, but also by the public at large; and that, endearing as are the charms of fraternal fellowship, these are to be only secondary to the free-will offerings to science and humanity, which you assemble here to-night to make, without hope of other reward, than the knowledge that "man in blessing others, finds his highest fame." In this interchange of thought and association, the profession is being improved in moral tone, ethics and scientific advancement, and no one to-day questions

the great good that has been effected by Medical Societies. They reach a portion of the profession, bridge over a space, and supply a want which medical journals can not accomplish, and the man is a sluggard who does not now through these joint agencies keep pace with the improvements constantly occurring in medicine: yet they have been of slow growth in this country. From statistics furnished to the American Medical Association in 1873, by that indefatigable worker, Dr. J. M. Toner, we learn from the partial reports gathered by him, that there exist in the United States. 408 Medical Societies, besides 5 National Medical Associations, and from this list are probably excluded many small societies, which were overlooked or neglected to answer inquiries concerning their number and organization. The first Medical Society formed in this country was that of the State of New Jersey, in 1766; the second, the Delaware State Medical Society in 1776, and the qualification of membership then, as in nearly every Medical Society since formed, was the Medical Degree. More recently, a number of societies have added to the requirements, also fealty to the code of ethics, moral character and a certain period of residence. From 1776 to 1800, nine Medical Societies were formed and one of these was in our sister State of South Carolina in 1789. In the following ten years, eighteen societies were formed, and so on, slowly till about 1850, when throughout the whole country, a spirit of emulation and professional zeal was awakened; the electric influence of association was realized, and societies sprang up in all communities, where the number of medical men was sufficient to justify a meeting; and there have been organized in the State of North Carolina alone, more societies since the war than in the whole United States for the first thirty years of our national existence. The membership in the United States now numbers twenty-three thousand. As good, like evil deeds are never without their influence, we see running parallel with Medical Societies and apparently as fruits from the seed, the endowment and organizations of hospitals and charitable institutions. From numbering only six hospitals in the year 1800, we now have one hundred and seventy-eight of these institutions, fully equipped, whose purpose is care of the sick and disabled; and where many thousands, annually received gratuitous services and every comfort necessary for their sustenance and

recovery. Another result of Medical Societies, is, that, by the enlightenment of the public mind, there are being formed all over the land in the larger communities, Boards of Health ; the benefit of whose watchfulness and in the enforcement of sanitary regulations, especially in periods of epidemics, is almost incalculable.— Your mission here will give to the profession the experience and matured reflections, gathered from the active life of the past year, and whatever is for the good of our fellow-man will be given without selfish reservation to become the common property of us all. Let us hope then that in this labor for the amelioration of the “ills that flesh is heir to,” the advancement of science, the honor and glory of the profession, you may find it agreeable to partake of our hospitality, and that your sojourn among us may be pleasant and always remembered with kindly emotions.— Again, gentlemen, I bid you welcome.

The proceedings of the last meeting were read by the Secretary, amended and approved.

The President appointed Drs. Rountree, Hyatt and Kirby a committee on credentials and the reception of members, who subsequently reported, recommending Drs. C. J. Mattocks, C. G. Cox, H. G. Bates and G. Slover, candidates for membership. Thereupon a vote being taken, they were unanimously elected. Drs. Mattocks and Cox signed the constitution and paid \$1,00 each.

On motion of Dr. Satchwell, it was ordered that when the Association adjourns, that it adjourn to meet Wednesday morning, at 9 o'clock.

The Secretary read the resignation of Dr. N. Herring, of Wilson, which, on motion, was accepted.

The Secretary also read the resignation of Dr. John G. Rives, of Battleboro, which was accepted with an expression of sympathy for his affliction, and on motion of Dr. Satchwell, Dr. J. F. Long was appointed to write a letter expressive of the sympathy of this body, to Dr. Rives.

The Secretary presented by request, a petition in reference to Medical Officers in the Army of the United States, which on motion of Dr. Satchwell, was referred to a special committee, and the President designated as said committee Drs. Satchwell, O'Hagan and Faison.

Original papers were now called for.

Dr. Kirby was continued to write a paper on Quinia and its substitutes.

Dr. Rountree was continued to write a paper on Cancer.

Dr. O'Hagan was continued to write a paper on Brights disease.

Dr. Long promised to read a paper on Cataract during the meeting.

On motion of Dr. Satchwell, it was ordered that the thanks of the Association be tendered to Dr. Hughes for his admirable welcome address, and that he be requested to furnish a copy for publication.

WEDNESDAY MORNING, Nov. 4th.

The Association met according to adjournment, Dr. C. Duffy, Jr., in the chair.

Dr. M. W. Harper appeared and was seated.

The President announced as the committee on nominations for Officers, Drs. O'Hagan, Rountree, Hyatt, Cox and Harper. Committee on Finance, Drs. Kirby, Taft and Attmore.

Dr. O'Hagan presented a specimen of Cancer which had been removed from a patient, giving the history of the case and the (so far) successful result of the operation.

Dr. Faison reported a case of Spina Bifida.

Dr. Satchwell read an elaborate paper upon the Hygienic management of schools, which was warmly commended by Dr. O'Hagan, and on motion referred to the committee of publication.

The rules were suspended to allow Dr. C. Duffy to introduce a patient whom he had treated during the summer, and who was yet under treatment for Peri-nephritic Abscess, complicated with Nephritic Inflammation.

The Craven County Medical Society, through its Secretary, Dr. Attmore, tendered an invitation to the members of this Association to attend a banquet to be given Wednesday night at 10 o'clock at the Gaston House, which was unanimously accepted.

Dr. Attmore reported a case illustrating the effects of morphia, hypodermically introduced, in cases of threatened abortion.

Dr. Attmore, extended his remarks, insisting upon the position he first assumed.

Dr. Charles Duffy introduced a patient (a negro woman) with Elephantiasis of both feet and legs; but who is not under his treatment.

Dr. J. F. Long read a paper on the progress of medicine and the collateral sciences; and designating particularly, as the subject of his paper, Hydrate of Chloral, or Chloral Hydrate, its history, chemical composition, and therapeutical effects; especially in labor and puerperal eclampsia.

Dr. Kirby agreed in the main with the conclusion of Dr. Long, but he had seen a fatal result from the administration of a combination of 10 grs. of chloral and 20 grs. bromide of potassium, two doses of which were given to a woman in the puerperal state, attacked with typhoid fever; and attributed death to paralysis of the heart.

Dr. O'Hagan would hardly attribute their fatal result in this case to the effects of the chloral, and was confident that the bromide of potassium had no agency in the result.

Dr. Faison thought that by the combination, Dr. Kirby had administered chloroform instead of chloral.

Dr. Long admitted that this result followed the combination.

Dr. Kirby inquired if the conversion took place as soon as combined and before administration?

Dr. Long answered affirmatively.

Dr. Kirby had only mentioned his case that he might interpose a word of caution in the indiscriminate use of the medicine.

Dr. O'Hagan thought that Dr. Kirby had reasoned from a part of the whole. A single case amounted to little. Any narcotic, or even hypnotic might have produced the same effect. Under certain circumstances he had seen the best effects from chloral in typhoid fever. In the case as described by Dr. Kirby, he would have administered a stimulus.

Dr. Frank Duffy thought it was generally conceded that chloral was contraindicated in intestinal lesions, and weakness of the heart's motion.

On motion of Dr. Satchwell, the Association adjourned until 2 $\frac{1}{4}$ o'clock P. M.

AFTERNOON SESSION.

The Association met pursuant to adjournment, Dr. Duffy in the chair.

The Committee on Nominations made a report, recommending the following officers for the ensuing year :

For President—H. O. Hyatt.

For Secretary—P. W. Wooley.

For Treasurer—J. M. Hadley.

For Orator—James F. Long.

For Vice President—M. W. Harper and John S. Taft.

Dr. Attmore proceeded to read a paper on Aural Catarrh. (See Appendix C.)

On motion of Dr. Kirby, Dr. Attmore's paper was referred to the committee of publication.

Dr. Frank Duffy read a paper on Individual Physiology, or the science of individuality. [See Appendix D.]

On motion of Dr. Satchwell, it was referred to the committee of publication.

CALL FOR ORAL COMMUNICATIONS.

Dr. Long addressed the Society for about an hour on Heredity, in its relation to the increase of mental, moral and physical diseases, and the urgent necessity of legislative action in additional restrictions to liberty of marriage.

On motion of Dr. Frank Duffy, Dr. Long was requested to publish his address.

Dr. Kirby moved to suspend the rules in order to take up the subject of localizing the meetings of this Association. Withdrawn for the present.

The Committee on candidates for membership recommended Dr. C. C. Duffy. Report of the committee received and adopted, and the committee discharged.

Dr. Kirby's motion to localize the meetings of the Association again came up. Dr. Kirby moved to adopt.

The adoption of the resolution was advocated by Drs. Attmore, Faison and Kirby, and opposed by Drs. O'Hagan and Satchwell.

Dr. Taft moved to lay on the table

Dr. Kirby moved to amend the resolution by proposing to have the Annual

meeting at Goldsboro permanently in the Fall, and the other meetings wherever the Association may select. Lost.

Motion to lay on the table prevailed.

Goldsboro was selected as the place, and the first Tuesday in February, at 3 o'clock P. M., as the time of the next meeting of this Association.

An invitation to attend the Ball of the Elm City Base Ball Club was tendered, for which the Association returned thanks and accepted.

Adjourned until 7½ o'clock.

The committee on constitution and by-laws asked and obtained further time to make a report.

The committee to whom was referred the petition in reference to the grade of medical officers in the United States Army, through their chairman, Dr. O'Hagan, submitted a report in which they recommended that every member sign the petition, and that a resolution is unnecessary.

The committee on Finance made a report, that in the absence of the Treasurer no accurate statement can be made; but there are out-standing claims against the Association, and recommend an assessment of \$1.00 for each member.

Dr. Hyatt was duly installed President of the Association, and returned thanks for the honor conferred in a brief and appropriate address.

Dr. Duffy, the retiring President, then delivered an interesting valedictory, which,

On motion of Dr. Long was referred to the committee of publication. (See Appendix A.)

Dr. Satchwell, Chairman of the Executive Committee, then proceeded to read the following report :

*Mr. President and Fellow Members of the
Eastern Medical Association :*

Our constitution imposes upon your Executive Committee the important duty of "looking after the interest of the Association in the interim of its meetings, to have due regard to the status of members, to make recommendations for the good of the Association, and for the improvement of the profession." It need scarcely be said, therefore, that our Association was formed from an acknowledged necessity of giving a new impetus to the cause of Medical progress, especially in Eastern North Carolina. Its existence implies the great need, especially since the late war, of medical improvement and reform. The movement which has already rallied so many of our worthiest and most prominent physicians into the ranks of its membership, is an avowal that the former brightness of the escutcheon of the profession has been sadly tarnished.

We have banded together to redeem our calling from its low estate, and to make war upon that proverbial disregard of the Code of Ethics, and that growing looseness of construction of its provisions and requirements which drags the profession down to a level with the trades, and makes us blush at the sweeping inroads upon its honor. If any member hesitates to engage in this labor of love for the resuscitation and redemption of his profession, the Eastern Medical Association, with its elevated platform of principles, offers him no congeniality, and this is not the place for him.

So far as the record of the Chairman of this Committee relates to this matter—if you will pardon the allusion to himself—it has been over twenty years since he first unsheathed his maiden sword in the war for Medical improvement and reform in North Carolina. This is about co-eval with the existence of our parent State Medical Society to which our Association is auxiliary and co-operative. From those earliest days of his Medical life until now, in season and out of season, under all the changing conditions and circumstances of war and of peace, of prosperity and adversity—amid all the chequered scenes, mighty events, and thrilling memories which pertain to our impoverished people and desolated section, he has, by example and precept, stood boldly and faithfully for a strict construction of the Code and for the honor and elevation of the profession. True, this uncompromising determination from first to last to work for the professional interests of the State has encountered the opposition of the loose constructionists everywhere. The readiness of so many of them to sacrifice principle and duty upon the lower shrine of expediency, selfishness, and money-making, has subjected your Chairman, as others, to such a constant course of misrepresentation and abuse, that he has lost many a dollar and the applause of the fickle multitude for refusing to abandon principle and professional devotion so constantly puffed, and yet so cordially dispised by the swarms of Medical tricksters and demagogues now more than ever, abounding in this, as well as in all the Southern States. It is no less astonishing than lamentable to see so many of our Medical brethren who occupy places in the front ranks of the profession, guilty, both by omission and commission, of a loose construction of our Code by precept and example, and ready to

excuse and palliate its palpable violations by others, and even opposed to the discipline and punishment of Medical criminals in our regular ranks who have forfeited every claim to the courtesies and consultations of the profession. Your Chairman has seen this and so much of such as this, especially since the war, in North Carolina, that he is prepared to say that his words, uttered in advocacy of the union, organization, and elevation of the profession, have fallen, as this paper may fall, dull, cold, and disheartening; to be disregarded and forgotten like the idle wind that passes. But what if ingratitude and inappreciation *should* so much abound? What if those of us who have so long and truly battled for the rights and organization of the profession *should* continue to be denounced for it as we have all along been by demagogues within and without the profession? What if this whole tribe *do say* that our motive in this work of science and self-sacrifice is to advance the price of medical service at the expense and injury of the people? What matters it to the true reformer and the unflinching advocate of the rights and duties of his profession and of his race if he *does* continue to be vilified and badly treated, even after the truths he has contended for are despised by some, disregarded by others, and so often forgotten by the many? To go onward still in disregard of these denunciations and to persevere and continue to work amid the proverbial demoralizations now more than ever abounding in our own and other professions, is the stern, uncompromising duty of every member of our profession who has the grit of true manhood and is animated by that heroic faith and love for the science and practice which, in the telling events, changes of society, and whirl of revolution peculiar to this extraordinary age, still makes our calling honorable and glorious.

The demagogueism, meanness, and depravity daily exhibited by so many around us, and most of them holding authority to practice Medicine and Surgery from recognized Medical Colleges, were prominent in the impelling motives of those who formed this Association. The imperfections, demoralizations, and downward tendencies of the profession at this very hour in North Carolina, are so many warning notes and bugle-blast appeals to our true hearted brethern to come to the rescue that we may save our calling from these and other lowering and destructive

influences so alarmingly prevalent. It is an established doctrine of moral science that, to sit in silence and with folded arms while vice and crime stalk menacingly around, is but little else than encouragement to the same, and is almost in fact a participation. So likewise should we consider the high duties devolving upon us in our cherished pursuits—that if we do not oppose and denounce criminal violations of our Code—if we extend courtesies and consultations to regular members of the profession who are steeped in the various arts and wiles of the medical deceiver and trickster,—that evidence, incontrovertible, stains their garments with personal dishonor and flagrant professional derelictions, then are we ourselves guilty of wrong-doing to our profession and to others who, because of the inexcusable conduct of such malefactors, withhold from them recognition and consultation. If the principle thus enunciated is not sound, practical, and worthy of being incorporated into our governing motives as well as into the organic laws of the Eastern Medical Association, as it is surely enforced by the general drift and spirit of our Code, then will demagogues and offenders always go free and unpunished, and we are grossly defective in our medical organizations, as we are greatly crippled in our efforts for good.

Reform on this question is imperatively demanded. There must be more elevation, as well as concert of action and union of sentiment among us all on this vital principle of medical duty as relating to these criminal violations by those who in grossly offending against one or more should be regarded as equally a criminal offender against the whole. The contest for practice has become so great, in the higher as well as lower grades of practitioners, that expediency and abandonment of the obligations of ethics and duty to the neglect and sacrifice of *principle*, now rule, and hence the looseness of construction of our organic laws of conduct and the consequent injury to the profession. How often do we hear some brother practitioner say that “even if Doctor A. *did* act dishonorable towards Doctor B. —*did* trample under his feet the Code and all honor and plighted faith—he has always acted well towards *me*, and I shall therefore stand by him and consult with him, let others say and prove what they please.”

Gentlemen, the utterance and practice of such a doctrine—as

so many of our boasted regulars are doing—so inconsistent, as it is, with sound morals and true professional devotion : and all based upon the unworthy motive, nine times out of ten of gaining popularity and making money, is a palpable departure from the line of duty and professional obligation, and at variance with the humane purposes and noble objects of this and kindred associations. Such motives and conduct should, in every honorable and legitimate way, be discountenanced and put down by all who would avert those professional discouragements and evils which, more than ever, have perverted and prostituted the profession in North Carolina. If the profession in Eastern North Carolina has come to this, and such as this—evident to all, too, that it has thus retrograded—it can excite no surprise that so many of our ablest, best, and purest are leaving its ranks. So long as accepted exemplars of the Code and leaders of the profession, thus tolerate its violation and excuse the unprofessional conduct of this increasing class of demagogues and medical *whipper-snappers* in our regular ranks, just so long are these high authorities giving encouragement and endorsement to this unworthy class. It is thus the profession is assailed in vital points by those who claim to be *high-churchmen* in medicine, and thus are blows continually given to the cause of medical improvement and elevation. The sooner we admit and act upon this disheartening and painful truth, the better it will be for the credit of ourselves and the salvation of our prostrate profession. We are constantly talking ethics, but how few of us observe the Code ! The wants and necessities upon most of us in these poverty-stricken times are stringent and trying to our metal, it is true. But we are bound to put our faces against the fashionable custom which allows the unrighteous god of mammon, or an unscrupulous ambition for success, to sweep away the cherished landmarks of principle that make up the fabric upon which rests the profession.

Nor is the outlook less gloomy in this scramble for practice, when we contemplate the conduct of so many in disregarding their plighted faith as to a schedule of prices for mileage and medical service. While the public appreciate medical skill, that appreciation is sadly defective when our bills are presented for payment. It is then that evidence piles upon evidence of the public conclusion that physicians are able to live on air and

water, and ought to do so. The practitioner who ministers to this inappreciation of medical talent and service, as numbers of our regular brethren do daily around us, commits an inexcusable wrong to himself, his rivals for practice, and to his profession at large. That important feature of our Code, which renders it the duty of the physicians of every community to *unite* in the *adoption* and *observance* of a uniform system of charges, and that it should be deemed a point of *honor* to adhere to them with conscientious uniformity, is a wise and conservative principle, necessary and even indispensable to the subsistence and healthy existence of the profession; and yet this preservative feature, which all ought to regard with unflinching loyalty, has become almost a mockery amid the professional derelictions and grovelling tendencies of the times. On this paramount question of subsistence, based as in this case upon the integrity and honor of those practitioners around us who have a high duty in this relation to perform,—involving as it does life-blood to us all, there is a prevailing selfishness, disregard of principle, and degeneracy of sentiment and action, which has dragged, and is dragging down the profession to the level of the trades. The struggle for practice has become so unworthy, and the views of professional duty and obligation so selfish and demoralized, that each charges as he pleases without regard to the rights of others, or the welfare and dignity of our common calling. Plighted faith, a common agreement, to abide by a tariff of charges formed by all, as our organic laws demand, is only made to be broken. He gets who can, whether he treads or not upon the toes of neighboring rivals for the practice and honors of the profession. Its dignity is unceremoniously bartered away, its traditionary rights and duties disregarded with impunity, and medical science, with all its hallowed associations, is now put upon the market and sold as the shop keeper sells his goods or the butcher sells his meat.

In this waste-howling wilderness of medical depravity, there are a few portions of our State that are exceptional, and some of our brethren whose garments are unsoiled, and whose honor is unsullied, amid the general decay of morals and of lowering professional tendencies. It is consoling to know that “Rome hath not lost its blood of noble men” amid the consuming work of the heretics and of the “Goths and Vandals” within and without

the regular pale, who, in reinforcing the various grades of delinquents, and malefactors, have so grievously degraded and disgraced the profession.

It is a humiliating acknowledgment, that the physician who is the most cunning, or crafty, or successful in trading away his calling—selling it may be his medical “birthright for a mess of pottage,” is regarded by the public, so incompetent, it must be admitted, to judge correctly of the skill or merits of physicians, as the smartest and most deserving; while the physician, who, in being satisfied with a moderate compensation, is as much opposed to overcharging as to unjustifiable undercharging, stands by principle and the rights of his profession at whatever sacrifice, is thought by the unthinking multitude to be wanting in common sense, and derelict in duty to himself and family. The disposition of such a large number of practitioners in North Carolina to allow their patients to determine the amount of their professional accounts, instead of deciding the amount for themselves upon the principles of justice and integrity, is not alone conclusive evidence generally of mental weakness and professional incompetency, but has been highly instrumental in reducing our cherished calling to this level with the trades and its existing condition of reproach and poverty. True, the poverty of our people, as resulting from the war, and much aggravated by oppressive laws, such as have been so often the inheritance of the vanquished, however just and noble their cause, has rendered them unable to pay large medical fees, and our profession, with its characteristic liberality and humanity, wisely recognizes this common misfortune. But, after every reasonable and human allowance in this relation, the public still cling pertinaciously to the hereditary error that doctors can live without money, and can clothe, and feed, and educate their children without price, so long as flattery and false promises of patients are so cheap, and the Homestead shields rogues and thieves. In the race of competition for practice these hard times, when bad faith, want of principle, and dishonorable rivalry, within as well as without the profession, have more than ever corrupted the morals, seared the conscience, and lowered the standard of the profession, most of us have become so impoverished and dependant, that it requires a stout heart and a determined will not to be of that large class, who are vir-

tually "hewers of wood and drawers of water" for an ungrateful and inappreciative public. Especially has the combination of circumstances and influences, as herein indicated, dragged down the profession to a low and mortifying level in our fields of country practice. It is in the rural sections, more than in our towns and cities, that the medical demagogue and imposter finds a congenial theatre upon which he luxuriates and fattens by his incompetency and meanness. It is here that the devotion to principle and high-toned bearing of the studious and skillful physician finds the greatest contrast with the low impulses and unscrupulous conduct of shallow-headed rivals who spend their time so profusely in humbugging and imposing upon credulous and ignorant communities. Unless improvement in these relations soon begins to brighten the escutcheon of the profession—unless there is more uniformity of charges, and more remunerative compensative for medical service, the disgraceful scramble for practice now going on in every county in North Carolina, will drive a much larger number still of the true medical gentlemen of the State from our ranks, to seek a more remunerative and appreciative field of labor in other departments of life. The increasing swarms of devowering empirics and imposters who infest society and obstruct the paths of medical progress, will not decrease until popular intelligence has banished much of that ignorance and prejudice now so rampant and effective in sapping the foundations of a healthy public sentiment. The times in which we live, circumstances and results connected with the late war, suggest an expression of these views. It is well for us to heed them. The first step towards the correction of an error or the removal of an evil is a frank acknowledgment of its existence; the best way to avoid danger is to look it plump in the face. This question of *subsistence* by practice is one so direct and vital that we cannot escape from it. He who regards it from a stand point of timidity, fear of unpopularity, or time-serving views of policy, is wanting in fidelity to himself and profession.

Let us not hesitate to inculcate and insist upon union of the profession in every community as to a tariff of charges. It is the duty of this Association to take a just and bold stand upon this question, and to engage in some legislation that will end in practical and efficient results in this very important relation. Give

a cold shoulder to that neighboring practitioner who refuses to come into and abide by a reasonable agreement to that end.— Draw off still farther from him who, having voluntarily made such an agreement, purposely disregards the same. Brand with contempt and expulsion that neighboring medical rival who is a traitor to duty, to his pledges, and to his brethren, to the extent of assailing these necessary regulations, and of thus ignominiously and meanly attacking others in such low efforts to obtain practice and popular sympathy. Do not disappoint the just expectations of our brethren who are watching our movements, nor fail to redeem our promises by refusing to come up to our measure of duty on this subject, by taking grounds which, while humane and tenable, are manly, elevated, and just to ourselves and the public. Your Committee would be remiss in duty not to have invited your serious attention to the general and lamentable inability of physicians to collect their fees, especially in our sparsely settled rural sections. That reform is imperatively demanded in this matter of life-blood—of just remuneration for professional services,—is so evident to all, that to state the fact is but to prove it. “ *We cannot collect our Bills* ” is more than ever the universal, depressing, and almost despairing, cry of country physicians. This complaint not only comes in part from the “ *hard times* ” now so pinching to all classes and occupations, but it is based mainly upon the *depravity of the times*, as connected with the proverbial ingratitude of the public to physicians for services rendered, and the well-known disposition of a very large number of patients not to pay the doctor. This inability since the war, of physicians to collect bills, does not originate from *financial inability of our patients to pay*, poor though so many of them are, but it arises from the prevailing demoralization in regard to obligations to pay just debts, and to the advantages which so many mean men take of the shield of the Homestead Exemption law. Herein exists additional demand for the union of the profession everywhere, in order that, while doing justice to our patients, we may receive justice, and ourselves and families saved from extreme want and poverty. The operation of causes thus alluded to, has entailed, and is entailing upon the profession, an overwhelming load of poverty, with its attendant anxiety and distress.

The picture presented is correct, except that it is not full enough. The sad condition on these vital points, presents an inexorable demand for improvement and reform. With the broad fact staring us in the face, that swindlers and dishonest debtors prey and impose upon our liberal and humane profession far more than upon any other class or calling, it is our high duty to appeal to our brethren in every section of North Carolina to arouse from their lethargy, and meet the emergencies now upon us. To hesitate is to doom the profession to a still sadder fate, and to drive a yet larger number of our brightest minds and noblest members to other pursuits for a living.

It is a painful sense of duty which compels your Committee to call your attention to the growing disregard by the profession of the State of the requirements of Sections 3rd and 4th, Article 1st, chapter 2nd, of our Code of Ethics. It is denounced herein as "derogatory to the dignity of the profession to publish cases and operations in the daily prints, or suffer such publications to be made," "to boast of cures or remedies," "to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician." And yet you can take up almost any newspaper of any date and find some puff of some regular physician for some operation performed, or some cure effected, or some skill puffed! To say that such a local notice or such a eulogistic communication appeared without the knowledge or consent of that physician or surgeon, is ninety-nine cases out of a hundred, an entire mistake.

These "practices of empirics" are daily published among us by the authority or permission of our regular brethren, and it is discreditable and oftentime disgraceful for them thus to allow themselves to be advertised and placarded over the whole land. Discipline is demanded for these daily outrages, as well as for that fashionable violation of those who "boast of cures or remedies," "or perform similar acts." This great guide of the profession, so justly held in hallowed regard by every true member, holds up to the scorching reprobation of all men, and as "derogatory to professional character," "practices of empirics" like those quoted, and which in the language (Sec. 4th,) of the same instrument, find a counterpart in acts which "dispense a secret *nostrum*,

whether it be the composition or exclusive property of himself or others." "It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, *or in any way to promote the use of them.*" We have italicized the last sentence because of the wide-spread demoralization upon *this*, as upon the other reprehensible "practices" named, and in order that the Association may see the importance and necessity of taking high and fearless grounds upon their discouragement and suppression. It is as much the duty of every Medical Society to sustain ethics and promote social elevation, as it is to advance in knowledge. For any such Society to decline to do so, or to refuse to discipline those who violate the Code with impunity, is but to encourage these and other reprehensible "practices." If this Association has not the *back-bone* to come out fairly and squarely upon these practical questions of every day life, and to demand that all its members shall take and maintain the bold and high grounds of high churchmen thereupon, then you will greatly disappoint its best friends, and do injustice to our suffering profession.

An omission thus to discharge the high duties voluntarily assumed in the institution of our new organization, is an evidence that a mistake was made, an error committed, in the selection of the present Chairman of your Executive Committee. He did not seek, but avoided, the delicate and important duty devolving upon the Committee of having regard to the status of our members. For himself, he repeats, that he had not, nor has not, any selfish aims—"no friends to reward nor enemies to punish" in accepting his appointment as Chairman. Let it be repeated, that the existence of the Association comes from the necessities arising from the acknowledged demoralization alluded to. There should animate *us all* such a broad charity and pride of membership, that laying aside all fastidiousness and over-sensitiveness, we should not repel, but invite oversight and scrutiny into our conduct and status.

Such a feeling pervading our ranks, opposed as it must be to any wilful violation of duty, would render the duty of the Committee pleasant and easy. In relation to this feature of our duties, the official attention of your Chairman has been called, since our last meeting, to a medical publication issued by the

very prominent and respectable house of Messrs. Wade, Boykin & Co., of Baltimore, involving the names of two of our members, Drs. G. M. Roberts and George L. Kirby. The official notice came from a prominent source in the Association, with the suggestion, based on no unkindness surely, that the Chairman would make an investigation, as the matter was in the pale of his duties. The publication merely advertised, as is the custom of Druggists, what is called "Every Body's Pill," and made such a reference to the names of these gentlemen as was calculated to leave the inference that they approved and recommended this "Pill." The Chairman accordingly addressed an official communication to each of these members in the form more of an enquiry; adding the suggestive remark, that if their names appeared with their consent, their authority thus to bolster up a remedy in that form, was improper, and looked out of place. He stated also that if otherwise used, it was a duty to themselves, to the Association, and to the profession, to see to it that their names in such relation were stricken out of any such publication. Dr. Roberts replied, in a becoming tone and temper, to the effect that his name was published without his authority. Dr. Kirby replied as follows, and your Chairman is alone responsible in submitting his letter and the reply as a part of this official report; taking the ground that the official correspondence becomes the property of the Association, and that, from the nature and relations of this case, it is his duty to incorporate the same in this Report:—

GOLDSBORO, N. C., August 4th, 1874.

DR. S. S. SATCHWELL,

Chairman Executive Committee Eastern Medical Association :

MY DEAR SIR :

Your favor

informing me that some member of our Society had called the attention of the Executive Committee to my name published to a circular from Wade, Boykin & Co., advertising a Pill called "Every Body's Pill" is at hand. I should have written you in reply sooner but was waiting to hear from Dr. Boykin. The publication was unauthorized by me, as I have never seen, used, or recommended any one else to use the "Pill" mentioned. But I do not see that this charge is made in any other than a spirit of maliciousness, in which I hope you do not participate. I would like for your correspondent who makes the charge, or any one else, to point out the clause of Medical Ethics as adopted by the American Medical Association which is violated, even if I had consented to this circular as published. The "Pill" is neither a secret, or

patent, or proprietary remedy, as you perhaps well know, as Dr. Boykin writes me that he had furnished you with the formula, as well as every other physician of the State of his acquaintance.

It seems to me that some of the *small fry* are exceedingly anxious to bring themselves into notice by catching at this thing and getting up a controversy, but I do not propose to gratify them.

If it were true, as charged, that this publication was made with my consent, would it be any more a violation of Medical Ethics than to prescribe Tilden's or Sharpe & Dohme's Elixir? Clearly not so much. I am, *and my record will prove it*, as great a stickler for Medical Ethics, and have adhered to the Code as closely as any physician in the State; and I do not propose to be annoyed by these would-be custodians of every Dr.'s Proff. character. If your correspondent is not satisfied, tell him to make out his charges in due form, and send me a copy, and perhaps I will give him the notoriety he wishes at the next meeting of the Eastern Medical Association.

Yours truly,

GEO. L. KIRBY.

To this communication the Chairman, upon his own official responsibility, as aforesaid, felt it his duty to make the following official reply:

ROCKY POINT, N. C., }
October 14th, 1874. }

DR. GEORGE L. KIRBY,

Dear Doctor:

It was my intention to have written to you before now, in acknowledgment of your official communication of the 4th of August last. True, I am not able to plead such a constant pressure of professional engagements as to have had no time for this official service. But I decided that your letter, in answer to mine, calling your attention to the publication of your name as an endorsement of "Every Body's Pill," as set forth in a circular issued by Messrs. Wade, Boykin & Co., of Baltimore, did not call for any special action on the part of the Executive Committee, and therefore, I did not deem it important to reply earlier than now.

The assertion on your part, that such a use of your name was unauthorized, is sufficient to prevent the presentation of charges against you, and I doubt not you will see to it, if you have not already done so, that your name shall cease to appear in the manner and form indicated.

Here I would close, were it not that some expressions in your communication suggest a more extended reply. It was a sense of duty imposed upon the Executive Committee by the Constitution of our cherished Association, which prompted my first, as it does this second, official communication. The personal friendship so long existing between us, and the high estimate so justly placed upon your fine reputation and standing in our noble profession, added to my anxiety that your name should not appear in any manner that might excite the shadow of a shade of suspicion that you had violated in any material degree our Code of Ethics, I repeat that your prominence in the pro-

fession made your professional brethren more solicitous that an opportunity should be afforded you of removing every vestige of doubt that you had given your authority to the countenance and support of any such nostrum. It was therefore with sincere regret that I see an expression of your unwillingness to receive enquiries bearing upon this question ; for I was in hopes that the standing of the Executive Committee was sufficient to insure your confidence that they were able, as willing, to make a proper decision as to whether our source of information in relation to your professional relations to this "Pill" was such as would authorize us to call your attention to the same. The Committee do not listen to complaints from an unworthy quarter. They claim to be competent to make a just discrimination in this important relation, and to be so far competent for our responsible duties, as not to allow our members to be annoyed, through our official channel, with complaints and charges from an irresponsible and incompetent source. In this case our informant has kind feelings for you, is one of the most useful members of our Association, and a leading physician of the State ; but at the same time, warm in his advocacy of the Association, as he is justly jealous of the honor of the profession. In saying therefore, as you virtually do, that the suggestion for the enquiry is founded in a spirit of "maliciousness," in which you hope I do (you) not participate. Your remarks *may* be construed into an insinuation against me as ungenerous, as it is unfounded and uncalled for ; and at the same time you make an unprovoked assault by the statement upon a brother practitioner who is incapable of the motives and conduct you ascribe to him. Because that brother unites with us in demanding medical improvement and reform, and is solicitous that we all should walk in the straight and narrow line of duty and of ethics, let him not, nor them of like devotion, be accused of prejudice or unkindness, much less of "maliciousness." The traditions and instincts of the profession rise up against you in your accusation against him. While as honorable gentlemen, we may differ in some scientific and other points of professional interest, let us have charity, that peace and friendship may abound. Let us keep our lamps trimmed, and our garments unsoiled, that the peace and glory of the profession may be preserved. In all the temptation and trials which beset us, let us so act that principle may still be maintained, to the end that we may have that harmony and professional Brotherhood so necessary for the good of the profession, as well as for our own personal comfort and happiness as we journey along over the rugged paths of life.

But you take issue with me, that even if you *had* authorized such a publication of your name, it would be no infringement of any portion of our Code worthy of condemnation or notice. I am pained at such an admission, because I regard your position as erroneous, as opposed to the spirit of our Code, and as calculated to work mischief and demoralization in our already demoralized profession in North Carolina. Even if Wade, Boykin & Co., have furnished the formula of this "Pill" to the profession, it presents no excuse why we should bear testimony to its value ; because in so doing, we are traveling out of our way to bolster up a remedy which any of us can put up any hour, and we had just as well furnish public evidence to every druggist in the land of the great virtues of laudanum, compound cathartic pills, or any

other compound of the United States Dispensatory, as to testify specially to the efficiency of "Every Body's Pill." You would not regard it as professional to see the physicians around you bearing public evidence, by certificates, of any of these medicines in order that some druggist might sell them more profitably, when his means of such profits were based upon this very certificate of such physicians. You deny that the Code condemns such a practice ; I claim that if there is no *direct, out-spoken clause* to that effect, the practice and all such practices meet with the constructive condemnation of the same. That able Constitution for our guidance, is compact and comprehensive, and embraces many irregularities, violations, and demands, *not named in the instrument*, but clearly inferred. There is contained in it much *lex non scripta* as imperative upon us, as are the duties *specially enjoined*. Every true medical gentleman, who bears in his bosom the inspiration of honor and duty as obtained from this Code, admits in his daily thoughts and practice, that there are *many duties and requirements, not laid down in it, but arising from its obvious spirit and plain requirements, and as binding upon him as any that are written*. Now is it any excuse, that because other physicians have injured the profession by certificates such as those now under consideration, we are allowed to do likewise ?

There is a peculiar demand upon the Eastern Medical Association to take and maintain a high stand upon this and kindred violations, because, amid the sad demoralization every where around and about us, we profess to be a beacon light, high and luminous, amid the surrounding gloom and darkness. If I have read correctly our Code, and if I do not misunderstand its meanings and requirements, written and unwritten, as interpreted by the general voice of the profession, you are mistaken in your views ; and you would, in my opinion, justly subject yourself to charges and specifications to extend the support of your name in a circular to any remedy gotten up and advertised like that of "Every Body's Pill," or to allow your name to remain published, as it is, without protest. You cannot be indifferent to the signs of the times, as with humane, pleading, notes for reform, they appeal to every honorable physician, to strike for the elevation and yet higher elevation of our down-trodden profession. The medical demagogue above all other demagogues, now more than ever, revels and luxuriates in that prevailing ignorance, depravity, and corruption which spreads a pall of gloom over the whole face of society, and chills the hopes and aspirations of the deserving and honorable. With loud professions of devotion to the Code, which in his heart he despises, nothing pleases him more or nerves him more in his ignominious course, than loose constructions of its provisions or a failure to obey its mandates by others. He makes up by sweet smiles, honied words and bombastic talk, hypocritical cant and sycophancy, for the defects—of a shallow brain and superficial attainments ; and plies his vile arts now-a-days with greater success than ever before ; while the modest man of merit, skill, and science, is neglected and even abused for his devotion to duty and the public good. Under this lamentable condition of our profession, it becomes us all, who have character, skill, and talent like yourself, to unite in a common defence and a common cause. Any failure to stand by our Constitution and a strict construction of the Code, is so much encour-

agement to quacks and the whole tribe of demagogues, as just described; and is in consequence a blow, more or less effective, against the peace, honor, dignity and welfare of the profession. We cannot be too careful to avoid any and every thing that even savors of a violation of this organic charter of our adoption and allegiance; for as we disregard its spirit and requirements, in the same proportion do we injure the profession and suffer in our character as gentlemen.

Yours truly,

S. S. SATCHWELL,
Chairman Executive Committee
Eastern Medical Association.

It is time that this whole question, as alluded to in said Sec. 4th, Article 2nd, Chapter 2nd, of our organic law, should be definitely and thoroughly understood, in and out of our Association, and beyond the possibility of doubt or circumlocution. It is respectfully submitted that said clause does settle it as above indicated. That it may be properly understood and truly observed, has been the only motive of the writer in dwelling at so much length upon it.

Moreover, this is a proper place for him to repeat that, while he lays no claim to infallibility, much less does he claim any prominence or superiority over the feeblest and humblest member of this Body. He has only sought, he says, for himself, to place truth on record as he has found it, and to set forth in this Report, duty, as he understands it. We all know that he who seeks to grapple with and to aid in eradicating errors and evils, as they exist in our regular ranks—that he who honestly plies himself to the arduous task of medical reform, lays on no Procrastian bed of ease: but provokes opposition and arouses animosities against himself, which are often malignant and persistent. This has always been so in our own and other occupations, and thus it will continue as long as principle needs an advocate, or truth a friend. The Chairman, in all solemn truth, can say, that the animus and spirit of his every desire and act, in all his relations to the public, medical enterprises and medical organizations with which he has been and is now connected, is to mete out justice to every one, to do good to his profession, and to aid in the relief of suffering humanity. If his sensibilities are awakened at the down-trodden condition of our common calling, there is no desire or purpose to underrate or do injustice to any brother: but rather that each one should have all that is due him, and that the entire profes-

sion should be elevated. No one could regret more than himself any *apparent* injustice that might *seem* to be done any one in an official capacity. He trusts it is not necessary to say that his official references in this paper to that excellent and popular house of Messrs. Wade, Boykin & Company, and to our talented brother Kirby, are based on no unkindness at all, but spring alone from a sense of duty to the Association and to the profession. The temptations which assail us, the demoralizations which abound, are so many warning voices, that we cannot be too careful as to infringements upon the Code of Ethics. That Code, let it be repeated, is only another name for the high character of a *Medical gentleman*. That word *gentleman*, in the vocabulary of words of your Committee, is one of vast meaning, of high requirements, and covers the whole ground of duty. No man can be a true gentleman, who has not within him that dislike of meanness, that unswerving attachment to integrity, honor, principle and patriotism, which is so far above price that it cannot be purchased with all the gold in the United States Treasury. If all our brethren were of this stamp, there would be no need of the Code. Every gentleman bears it in his own bosom and instinctively acts it out in his daily life. But this "lamp to our feet and light to our pathway" is an indispensable guide because of that frailty and depravity of human nature, found in ours as well as other pursuits. Let us therefore cling with unchanging pride and devotion to this "law unto ourselves," to the end that not one jot or tittle shall be abated of the promises of discredit, dishonor, and punishment, as well as of good character, renown, and success, which it holds out to all, according as each may choose for himself, the one or the other.

Mr. President, let us see to it, that the high and noble mission of our infant Society suffers no depreciation at the hands, and by the remissness of conduct of its members. It was formed amid a blaze of enthusiasm which excited stirring hopes and high expectations on the part of the truest and best friends of the profession in the State. If that enthusiasm should be changed into indifference or neglect, chilliness and mortification will possess the hearts and blast the hopes of these faithful disciples of the cause of medical progress and elevation, and its enemies will rejoice and chuckle at our lack of vigor and determination, and

erect their monuments of triumph over our defeat. Be not deceived. The demon of unrighteousness and of corruption stalks abroad in the whole land, gaining his victories of money and unhallowed influence among the masses of ignorance, so alarmingly on the increase in North Carolina. The spirit it engenders and makes ruthlessly active undermines the fair fabric of our own and of other professions, to the extent that professional success now-a-days, is no evidence of merit, or skill, or talent. It has ever been thus after all wars, such as that which has devastated our land, and debauched the public morals. Terrible revolutions, like that which has so lately prostrated our native section, and dried up, by its withering blasts, the fountains of honor, good faith, and integrity of purpose and principle, always elbows aside the ablest, noblest, and best of the land that is overcome, and hunts up and brings to the surface, the smallest and meanest of men to receive the favors and success of the professions, as well as of the body politic. Look around you in society, and over our whole Southern land since the war and see who are those in our own and other professions, as well as without, upon whose shoulders, wealth and success mainly rest; and you will find that, with rare exceptions, they are those who have proved untrue, alike to the instincts and teachings of manhood, professional duty, and patriotism; and, following the god of mammon, have fallen into the sloughs of deception, treachery, and a betrayal of every true principle of an honorable gentleman.

While then our worthiest and best, in the medical profession, disdaining to sink to the low level of the means to obtain practice now tolerated by the prevailing corruptions and unscrupulous desire for success everywhere exerting a controlling influence in society, are so generally elbowed aside, or supplanted by the brazen, arrogant, ignorant, empirics and crafty medical pretenders, with and without Diplomas, let it be repeated, that the garb of success is as much or more a badge of dishonor and demerit as of modest merit, and true worth and skill. But it will not be always that the dark and disheartening clouds of ignorance, delusion, and demoralization will thus abound to sustain the unworthy over the worthy. It cannot always be that darkness hides the light, that brainless demagogues receive the rewards withheld from the intellectual, deserving, and skillful practi-

tioner, or that vulgar manners, rowdyism, and grovelling natures bear away the palm of popular applause from the refined gentleman and accomplished physician. "The mills of the gods grind slowly but they nevertheless grind finely and surely." Retributive justice, so tardy, as the results of the war, still deform society and overshadow the land, already casts before, the bright harbinger of its coming. The greedy vultures who have so long been fattening in ours and other professions, and devouring the body politic, are, under the redeeming spirit of the times and the upheavings of popular indignation, made unwillingly to unloose their clutches and to decrease their depredations. Principle again rises as the uplifted hand of despotism is withdrawn and the people, down upon meanness and corruption, again come forth in the manhood which is born of the inspirations of freedom.

Then let us still persevere in coming to the rescue of our prostrated but always noble profession. Let us continue to fight the good fight, that truth may abound, science prevail, good be done, and humanity promoted. The poverty and trials now upon us in our chosen profession are but the furnaces of affliction through which we are passing to try of what strength and metal we are made. The physician who remains silent under the prevailing ignorance and wrong-doing, is derelict in his duty to the profession. Any timidity shown by this Association in taking advantage of the vantage ground already gained, or any failure to move onward prudently but fearlessly in its professed warfare upon existing errors and evils in our ranks, will not only be inconsistent with our profession, but be the cause of our losing strength and prestige from the discouraging influence of such a hesitating policy upon many of its warmest supporters and best friends. While we enrich the pages of our history with memorable and valuable facts in our science and art, and do all in our power to promote the public health, and to subserve the interests of humanity, let us also strive continuously to be fair and just, one to another—to be liberal and charitable in all things and to all men, and so keep our own armor clean and bright, that we may the better aid in those things which contribute to the brightness and effulgence of our escutcheon. It is only by the prevalence of these motives, sentiments, and principles, in the bosom of us all,

that this Association can meet a just public expectation, or accomplish the high mission it assumes. It is only by such a discharge of duty, disregarding the enticing allurements of a fickle popular applause, and unmoved by the abuse of those whose opposition is praise, that the medical scrubs and medical gamblers of our regular ranks, infesting almost every township in our State, as well as every town and city, can be appreciated as they deserve, and induced to hang their heads in shame before the light and power of our invincible progress. With reform, progress, and an elevated standard of ethics as our motto, we have every inducement to move onward, and to strive continuously for a higher and yet higher grade of excellence and usefulness.

Respectfully submitted,

S. S. SATCHWELL, Chm'n.

H. W. FAISON.

NEWBERN, N. C., Nov. 4th, 1874.

Dr. Kirby then made a brief yet pointed address to the Society, in which he removed any adverse opinion as to his ethical status, and satisfactorily explained himself with reference to any misconception that may have been formed in the reading of Dr. Satchwell's Executive Report.

Dr. Satchwell rejoined, disclaiming any personal feeling, but claiming that his action was based upon a sense of duty as Chairman of the Executive Committee.

A motion was made by Dr. Charles Duffy, Jr., to receive and adopt Dr. Satchwell's report.

Dr. Kirby objected to the report, with the correspondence between himself and Dr. Satchwell, being published.

Dr. O'Hagan fully endorsed the report with the correspondence attached.

Dr. Faison explained that, as one of the Executive Committee, he had signed the report, but declined any connection with the correspondence between Dr. Satchwell and Dr. Kirby.

Dr. Robinson moved to adopt the report without the correspondence, as an amendment to Dr. Duffy's motion. Lost.

Dr. Duffy's motion was adopted.

Dr. Duffy submitted a motion to appoint a Committee of Publication. Adopted.

The President appointed Drs. Frank Duffy, Geo. S. Attmore and J. F. Long.

On Dr. Duffy's motion the President appointed an Executive Committee as follows: Drs. S. S. Satchwell, C. J. O'Hagan and H. W. Faison.

The following committee was appointed to map out work for the next meeting: Drs. Charles Duffy, Jr., Cox, Robinson and Mattocks, who are to report at the next meeting.

On motion of Dr. Attmore, the President was authorized to appoint a gentleman to write essays for the next meeting. He made the following appointments: Dr. Robinson, on the Physiological and Therapeutical effects of Gelsemium; Dr. Frank Duffy, on the action of Quinia; Dr. Charles Duffy, Jr., on Malarial Fever; Dr. Mattocks, on Urethral Stricture.

On motion of Dr. Satchwell the thanks of the Association were tendered to the Newbern Steam Fire Engine Company, and the citizens and physicians of Newbern for their elegant hospitality. And,

On motion of Dr. Faison thanks were also tendered to the Railroads extending courtesies to members and delegates.

Adjourned until Friday morning.

(APPENDIX A.)

Annual Address by Dr. C. Duffy, Jr.

Gentlemen of the Eastern Medical Association:

Assembled at this, our first annual meeting, when among other duties that of preparing and equipping ourselves for another year is incumbent upon us, the occasion very naturally suggests the inquiry, what advantage to ourselves and to our community do we expect to grow out of our efforts in the formation of our Society? Is there really a necessity for such an organization as this one we have instituted? And what *special* work is there for us to do for "the advancement of medical knowledge, the elevation of professional character, and the promotion of all measures of a professional nature that are adapted to the relief of suffering humanity"?

Before proceeding with the subject matter of these inquiries, I cannot resign my privilege of congratulating you on the proportions our Association has attained, in numbers, *esprit du corps*, and healthful social sentiment. Time for development and maturation is essential in all bodies, corporate, as well as individual, and surely the first year of our existence has not been barren of results to us. Already fifteen Counties are represented on our roll of members, and a zeal commensurate with our contemplated objects seems to have pervaded our entire organization. I am pleased also to note our beginning in "the advancement of medical knowledge." At our first semi-annual meeting, in Wilson, a successful aspiration of the stomach through the abdominal walls for the evacuation of a poisonous dose of laudanum, was reported.*

*By Dr. Hyatt, Kinston.

In this we have another exemplification of the utility of cultivating a more implicit reliance on ourselves in emergencies, and not blindly adhering to the belief in the necessity that a measure should always receive the stamp of authority before we may adopt it.

Lastly, questions of Medical Ethics have received their deserved notice in our deliberations, and on their discussion we have erected a higher platform of principles, and evinced a determination to stand squarely on it. Although in this our exhibit, nothing brilliant or remarkable appears, there is at least something of promise for our future, something of hope that our cherished objects will be accomplished.

Our Association is the offspring of a necessity which could tolerate no longer, postponement of our beginning in the good work of medical reform. The demands of progress, that the medical history of Eastern North Carolina shall be written and utilized to science, are imperative, and must be met promptly by the men of *our* generation. The three hundred physicians of our section who do not belong to any medical organization, or have not attended the meetings of any, since the war, must be brought together in harmonious action in the interest of medicine: their testimony is needed on *many* unsettled points. It is *our* business to see that no effort has been lacking on our part to enlist them in so important a service, and I trust there is *no one* among us, who does not feel it incumbent on himself to devote his entire strength, his every energy to the accomplishment of results so full of promise to us. Let us hope there is no one of us who would not *welcome* the opportunity to serve in any capacity in the promotion of our art: and *where*, I would ask you, is there a more inviting field, a richer harvest for our labors, than this very one, wherein we have inaugurated them? *How much* of encouragement and cheer is there in the reflection, that mines of scientific wealth may be opened up in our midst by ceaseless and untiring effort, and that some latent spark of genius may be kindled into a blaze of resplendent light, whose lustre may serve as a beacon to guide us over untrodden ways, and to brighten up the dark uncertain wilderness in our front! Let no man presume to assert that the climate of our section is unfavorable to intellectual development and growth. Our Gaston, our Stanlys,

our Speights, our Badger, and a *host* of others of the legal profession who have arisen to eminence among us, would controvert any such notion. And just here, may we not get a lesson of importance to ourselves out of the fact that our neighbors of the "Bar," arrive at positions of eminence not on account of inherent intellectual superiority so much, as by the *constant* use of their faculties, brightened by the influence that must necessarily result from "meeting antagonistic opinions," from the rubbing together of minds in the inevitable routine of their labors? Do we want a stronger plea for the necessity of medical organizations? Is it not evident to the most superficial observer that from this friction of minds must come the motive power we want *now*, before any other one thing? Is it not evident that to increase the mental capacity of the devotees of any science, is equivalent to the advancement of the science itself? Have we need of the increase of *our* mental capacities? Suppose we were placed fully abreast of the march of progress,—suppose we were in possession of every fact known to the profession to-day, *how long*, let me ask you, would we maintain our place in that march, without the ever *restless* spirit of inquiry and research, whose very existence depends on the vitalizing influence of antagonistic opinions?

Again, organization is as much an essential for our advancement in a moral and social point of view, as for intellectual culture. By frequent reunions we learn more accurately our natures and dispositions, and can thereby comprehend more fully in all their bearings the rules of human action so absolutely essential for the maintenance of those friendly relations, on which all right social government is based. It is a part of human nature, and the progress of civilization will require many years to do it away, that intimacies existing between individuals offer a strong check to their disposition to infringe a law of Ethics on account of the temporary personal inconvenience its operation might cause. A man is not so likely to injure a friend by the exercise of selfish proclivities, as one about whom he neither knows nor cares anything.

Entertaining these views in regard to medical organizations, it is clearly our duty to bestir ourselves to put into operation agencies so full of promise to us, so sure of positive results; agencies out of whose operation will grow a professional energy tend-

ing toward a higher moral and intellectual status for our members, a more useful and efficient corps of medical attendants for our patients, and a lively accession of laborers for the field of medical science. From what other single source could you expect results of like importance? Results for ourselves, results for our community, and results for the store-house of medical science!

Then let us have these reunions; let us send them into every county and village in Eastern North Carolina, that our brethren, scattered as they are over thinly settled districts, with no Rail Roads or other easy and rapid modes of transit, may no longer be deprived of adding their quota to the current fund of medical knowledge. Until we have done this, let us say no longer of our medical brethren, separated in many instances beyond the possibility of meeting one another oftener than once a month, that they are careless and indifferent, and feel it not incumbent on themselves to join in the march of medical progress; nor yet that any of them are devoid of honor and decorum, until we have further extended our acquaintanceship among them, and built up stronger friendly relations with them. Complain not of their disregard of the Code of Medical Ethics, until we have canvassed with them, its provisions and settled among ourselves what is the *true meaning* of its sections, and *what*, its accepted teachings. Here is to be found a rule and guide of our professional conduct as positive in its results as any rule in mathematics, under whose operation comes the "right ruling of conduct in all directions under all circumstances," the ruling of conduct out of which will grow a "rational agent animated by high principles of virtue * *

* * * preferring on all occasions what is just to what is expedient."

Before entering upon the consideration of "special work" for our Association, I would do away with the prevailing idea among us, that because we have no hospitals wherein to carry on investigations, we are not called on to trouble ourselves about unsettled medical problems, that it is not expected of *us* whose time is almost all consumed in travelling over long tedious roads to find time to work for our art, that our surroundings are unfavorable for any such work! To say that in hospital, is scarcely ever seen the beginning of a disease, and that in very many instances the

ultimate termination of the same is unknown ; that many questions as to causation and prophylaxis cannot be settled by any investigation instituted in hospital, and that the converse of these conditions holds in private practice, is to say that the work of the physician in private practice is a necessity to the complete understanding of *many* propositions, and cannot on *any* account be dispensed with. Granted, our inconveniences *are great*, they cannot be pleaded in bar of our responsibilities. We have bound ourselves by acquiescence in the injunctions of the Code, "by unwearied diligence to resort to *every* honorable means of enriching our science;" we cannot, therefore, delegate our responsibilities to our brethren of other localities, nor can we expect them to work out our problems for us. Upon *ourselves* and upon none others devolves the labor of preserving and utilizing whatever of valuable material we may find in our way, and we *must do it*, if we would not deserve to be branded laggards, and loafers and spongers, on the domain of progress.

The beginning of all our work, I hold to be, the formation of County Medical organizations in our District, and I recommend that this Association take immediate action in the matter, by appointing committees of one from every county represented, whose duty it shall be to canvass with the purpose of organizing into Medical Societies, the physicians of their respective counties where such organizations do not already exist. That they be instructed in case of failure, in any instance, in their attempts at organization, to furnish a copy of Code of Ethics to every neighboring practitioner not already in possession of one, and that they report extent and result of their labors at our next semi-annual meeting.

The study of malaria belongs to us of necessity. It furnishes not less than nine-tenths of all our cases. It is a theme of the most vital importance to us, a theme which has baffled the devoted efforts of our most earnest workers "in every clime and in every age." We have it here in every phase, from its earliest manifest effect on the blood corpuscle, to the gravest hemorrhagic fever. Let us take hold of it with becoming zeal ; let us institute a system of meteorological observations, including carefully recorded thermometric, barometric and hygrometric conditions, together with diligent study and comparison of telluric influences with

reference to drainage, evaporation, elevation and distance from sea, proportion of forest lands and character of growth, degree of cultivation of arable lands, source of supply and character of drinking water; general characteristics, habits, customs, conditions, occupations and dietary of population, etc., so that having made ourselves more thoroughly acquainted with the supposed endemic influences, we may at least, supply more intelligently the proper hygienic measures with the purpose of diminishing frequency of occurrence and virulence of fevers. Are variations in climatic influences, alone sufficient to account for variations in malarial manifestations? or do variations in individual susceptibility play a more important role in the list of factors? Do we owe our escapes from malarial attacks, to our power of resistance, lack of exposure to existing causes, or temporary absence of malarial poisons? Is malaria a constantly and regularly operative *materies morbi* peculiar to such climates as ours? If not, what circumstance or combination of circumstances sets it in motion and develops its power? Is it innocuous to all animals except man? Answers to these questions substantiated by a carefully conducted system of observation, would surely be productive of good results.

Our past season has been one of unprecedented exemption from malarial manifestations. Far and near, from almost every direction, our citizens present the appearance of robust health. Frequently we hear from a district notorious for its fevers, that there has not been a case of sickness through the whole of the Autumn. May we not hope to be able to say why this is so? What though we fail to find the subtle element, the veritable malaria, may we not hope our investigations will disclose at least the "causes which give it existence and potency"?

Then as to remedial measures, is calomel beneficial, neutral, or harmful, in its influence on malarial fevers? Is quinine a prophylactic? Does its unlimited use abate intensity of effects as a curative agent? Has it any permanent ill effect on the nerve of hearing? What its influence on the gravid uterus? I would suggest that a system of direct questions, with a view of eliciting evidence on the above, be propounded to the various physicians of our District, and that the results be presented at our next regular meeting. If with all our opportunities of observing in this particular we

cannot settle these important questions, at least *to our own satisfaction*, then it is time we look about us for means of disposing of unsettled points, other than by observation.

In the matter of physiological and pathological differences between the white and colored races, we have opportunities to render important service. Let us enquire whether negroes as a rule, are more obnoxious to scrofulous, tuberculous, and syphilitic diseases, trismus nascentium, uterine fibroids and cheloid tumors? Have they greater immunity from malarial diseases, delirium tremens, and uterine cancer? If so, is it on account of physiological peculiarities? Can they tolerate as well as the white man depletive measures, or do they require, as has been asserted, earlier supportive treatment in the management of their disorders?

Our dietary (particularly in the country) is much at fault. Salted meats, generally mess pork and smoked bacon, supply the greater proportion of our animal foods; these prepared by the frying process, in very many instances empyreumatic oils are generated and ingested. If these are irritative to the digestive surfaces, need we wonder that there are so many dyspeptic troubles among our laboring classes? and may we not hope that many of the so-called "*liver diseases*" would vanish before the efforts of the reformer in this field?

The influence of fruits on the health of our community requires investigation, especially that of the Scuppernong grape, the culture of which has spread all over our Eastern section, and which is soon to assume the proportions of a staple product, growing in great luxuriance and ripening with unerring certainty. A popular notion, shared in by many physicians, declare it an unwholesome fruit, capable of acting as an exciting cause of remittent and intermittent fevers. Has it really any such influence, or is it merely a coincidence, its ripening in the height of the malarial season, giving rise to the belief that it is a morbid agent?

Can any change be advantageously made in our system of heating and ventilating our houses, or does the present mode supply our necessities in this particular?

The matter of medical education should occupy us, as it should every organization in the land. Our duty, I think, consists in a determination to receive no would-be student of medicine into our offices, who has not received an adequate preliminary educa-

tion, and who is not endowed with a fair mental capacity. If, as Dr. Reynolds has stated it, "the whole of our science is the whole of all;" there must be something that can be usefully learned outside the usually pursued medical course, and at least a *part* of that something, should be taught the student, before he begins to deal with medical technicalities. A constitutional provision after the manner of that of the Medical Association of Alabama, would meet the indications.

Apropos to the subject of climatology, it may be worthy of remark, that according to Dr. Hewson (Penn. Hospital Reports, Vol. 2, 1869,) the barometer may be relied on as giving the most prompt and exact information about weather changes as likely to effect the results of surgical operations. From observations of 259 amputations, Dr. Hewson found percentage of mortality as follows: Of operations done while barometer was ascending 10,7 per ct. died; while barometer was stationary 20,6 per ct. died, and while descending 28,4 per ct. died. If this is only half truth, every physician should keep his barometer as an instrument of necessity in determining the proper time to do his capital operations; or at any rate as a prognostic aid in making up the probable progress and results of his cases.

In our individual capacities, I would urge the necessity of preparing ourselves in the fullest sense of the word with the qualifications for making accurate diagnosis of our cases. Let us lay under contribution every mechanical aid to diagnosis and make strenuous exertions to perfect ourselves in its use. What physician among us would neglect to avail himself of the revelations of the test tube and reagents? Who to-day is satisfied with a qualitative measurement of temperature? Who is competent to encompass with the unaided senses of touch, sight, and hearing the various signs and symptoms of the most familiar disorders? Let us not forget what the great Prof. Meigs said of diagnosis—that "it is in practice like Captain Greatheart in Bunyan, encountering and overthrowing all obstacles, so that even Apollyon himself could by no means oppose a bar to his habit in his practice of succeeding always." A twin necessity to this, is our obligation to overcome the public horror of *post mortem* examinations. I need not advert to our constant embarrassment on account of this difficulty—we all know to what extent it prevails in our

section—and our chagrin in consequence will be readily understood, when we reflect it is conceded that if there is one single circumstance more than another calculated to indicate the qualifications of the profession in any locality, that circumstance resides in the comparative frequency of the exercise of the habit of confirming or correcting by *post mortem* examinations, convictions in regard to pathological conditions supposed to have existed during the life-time of the patient. Let us remember this when we need a stimulus to the performance of this duty.

Again, as to therapeutics, let us avoid if possible polypharmacy, so that if unmistakable results follow the administration of drugs, we may know to which one the credit is due. Let us no longer prescribe calomel, iron, cinchona, and whisky in pyemia and kindred disorders, and claim wonderful results for the calomel.

In our individual capacities our organization must be sustained by our unstinted effort and influence. Let us cherish a determination to contribute something to the general fund of knowledge at every one of its meetings. As much as possible let that something be selected from our own observation of diseases, and from notes made at the time of the observation. In all our investigations let us be “content *trustfully* to follow the evidence whithersoever it leads.” Let us cultivate independence of thought and action; let us accept nothing as truth upon authority alone, but apply the test of individual reason and judgment to every dictum, no matter from what source it may be. Let us see for ourselves that a proposition is true, before we accept it as truth; and as sedulously let us guard against our proneness to condemn as physiologically or pathologically absurd any statement, however unpretending or obscure its source, without the most careful and impartial examination. Prof. Tyndall says of inductive inquiry, “it requires patient industry and an humble and conscientious acceptance of what nature reveals. The first condition of success is an honest receptivity and a willingness to abandon all preconceived notions, however cherished, if they be found to contradict the truth. Believe me, a self-renunciation which has something *noble* in it, and of which the world never hears, is often enacted in the private experience of the true votary of science!”

I trust we *all* may become true votaries of science—and let us remember, while it may not be possible for us to find some-

thing *new* in our field of inquiry, it is yet "the highest function of intellect to co-ordinate and bind together the isolated and fragmentary parts" of knowledge, which lie scattered by the way-side of progress.

In all our actions let us have some other motive, than mere self-glorification to direct us. Let us avoid even the *appearance* of obscuring the just prominence of any brother; no man's career however brilliant, or eminence however dazzling, can furnish a warrant for depreciating the merits of the humblest worker in our ranks. Let us cultivate in ourselves the quality, (a manliness unfortunately so rare,) of honestly relying on our own merits for our position in the public esteem. A manliness independent of the whims and caprices of interested friendship; a manliness which supplies the readiness for every emergency, and brings out every energy when it is needed, which would not allow us to view our own errors and failings with indulgence, and visit those of others with unsparing reprehension.

Then let us hope the Eastern Medical Association is the germ under whose "directive agency" the medical resources of Eastern North Carolina, are to be developed. That the "constructive action" now going on in our body may be elaborated and multiplied, till it shall manifest itself in every nook and corner of our State. That we may yet breathe an atmosphere so filled with the infection of medical progress that no one of us shall escape its influence. That the work which is ours of necessity, may be done cheerfully in the faith that though our highest aims be not accomplished, good results must come to a determined and manly effort.

Herbert Spencer has said, "there is perhaps not a subject to which men devote attention, that has not some value," and with equal justice may it be said every effort made to clear up unknown or imperfectly understood phenomena, has its value; for if nothing more be accomplished it will at least show to the future adventurer in the same domain that this way or that, will not lead to the goal for which he strives, and thereby induce him to take another direction for its attainment.

Let us attend punctually the meetings of our Association, bringing whatever of "enlightening facts" we may have gathered on our way; but whether we have anything to bring or not, let

us come, ever remembering our most punctual attendants are the busiest practitioners. Let us come for a draught fresh from the fountain of progress. Let us come to renew our vows of continued and increased effort for the advancement of our science, never ceasing in our efforts till the necessity, which called into existence our Association, itself shall have ceased to exist.

(APPENDIX B.)

Fifteen Uses for the Indiarubber Condom.

By H. OTIS HYATT, KINSTON, N. C.

*Mr. President and Gentlemen of the Eastern (N. C.)
Medical Association :*

Permit me to call your attention to fifteen uses for the condom or so called male safe. The condom, as you are aware, was originally designed as a means of preventing conception, and as a protection against venereal diseases. The use of it for anti-conception purposes has no doubt caused a great deal of suffering among women, producing cervicitis, and a long train of nervous ills. It acts as a dark impenetrable veil that shields the infamy of those whom we often believe pure, and as a source of temptation, to those who, are lacivious, to sin without fear of detection. Its evils are great; but every cloud has its silver lining, and every evil its good, so I hope to show you that even the condom, may often be turned to good account.

First: As a means of applying heat or cold to inflamed surfaces, filled with ice, and the end tied, it will be found a most useful application to an inflamed eye, or the fore-head of a fever patient.

Second: To arrest bleeding from the nose, which it will do as effectually as plugging by Bellocq's canula or by the insufflation of the persulphate of Iron. To do this a small size condom is tied over the end of a Davidson's syringe nozzle near its point, the pendant or baggy portion is pushed into the nose, as far back as the posterior nares; it is then filled with water which causes it to expand in all possible directions, and to fill up the entire nasal cavity, producing an arrest of hæmorrhage by direct pressure upon the bleeding surfaces. A cord is now securely tied

around the condom just anterior to the syringe nozzle from which it is liberated. It can remain in the nose as long as is desirable.

Third: Three large condoms filled with ice, and placed one above the other, will answer the purpose of a spinal ice bag, or filled with hot water and placed up and down the spine, a most useful and reliable means of arresting uterine hæmorrhage. I have frequently arrested hæmorrhage from the non-pregnant uterus by the application of heat to the spine, after the failure of large doses of ergot, and of quinine, I may here remark that I have frequently given large doses of quinine alone for the arrest of uterine hæmorrhage and have never yet seen any appreciable decrease of the flow from its use. Neither do I believe it has any effect on the pregnant uterus unless given in doses sufficiently large to severely irritate the kidneys and bladder.

It is true that we sometimes see women abort after taking quinine for the cure of malarial fever; but here we are in danger of mistaking a post hoc, for a propter hoc. It is well known that chill and fever will, unless promptly arrested, frequently produce abortion. Within the last two weeks I have arrested a threatened abortion, produced by malarial fever, by the prompt exhibition of quinine; and that too without combining it with morphine; and in those cases, if any such occur, in which there is no element of malarial disease, and abortion follows the exhibition of quinine, it seems as if it might be ascribed to the individual peculiarity. On one occasion I gave to a pregnant woman forty seven grains of quinine for the cure of neuralgia, without its producing any ill effects. Heat to the spine seems to produce contraction of the smaller vessels of the lower extremities and pelvic viscera, causing a sensation of cold of which patients frequently complain. I am indebted to Dr. Chas. Duffy, Jr., for the idea of applying heat to the spine for the arrest of uterine hæmorrhage.

Fourth: A condom tied over the female nozzle of a Davidson syringe can be used for dilating the female urethra. The nozzle covered by the condom, is passed into the urethra, until one-half is in the bladder, while the other is outside. It is then gradually pumped full of water until the urethra is stretched to the desired extent.

Fifth: As a vaginal tampon, the end of the condom is first carried up to the fornix vaginae and then packed full of old rags, sponge, or any thing convenient. Or it can be stretched over a cylindrical speculum and packed through the speculum, after the method of Scanzoni. The advantages of a condom as a tampon are manifold. It is cleanly, being water proof, none of its contents get soiled. It will admit of any amount of packing without causing the woman pain. It can be easily withdrawn by first pulling out its contents.

Sixth: As a means of applying ice to the vagina, the condom is introduced as for tamponing, and then filled with ice and the end securely tied, and no dribbling takes place. It can be easily removed after the ice melts, emptied and is again ready for use.

Seventh: As a means of applying ice to the cavity of the uterus for the arrest of post partum hæmorrhage—the condom is first filled with ice, tied well, oiled, and passed into the cavity of the uterus. As many may be used as necessary.

Eighth: As a means of arresting post partem hæmorrhage—for this purpose the condom, or what is better as it admits of very great distension, an india rubber balloon (which can be bought at any toy shop,) is tied over the end of a Davidson syringe nozzle, and passed into the cavity of the flacid uterus. It is then distended with warm or cold water. By this means we bring pressure directly to bear upon the mouths of the bleeding vessels, which effectually closes them. It might be objected to this method, that after the uterus is distended it might refuse to contract. But this seems hardly probable, and even should such an event occur, after the woman has rallied, we can administer ergot in sufficient doses to produce contractions. As soon as the distention required to check the hæmorrhage is reached, we then pull the tube from the syringe bulb and compress it firmly between the thumb and forefinger. By so doing we have perfect control of the water in the balloon, and can allow it to escape *paripasu* with the uterine contractions.

Ninth: As a uterine dilator, three or four condoms are passed one into the other, and then fastened over the female nozzle of a Davidson syringe. Thus prepared the nozzle is passed through the os, until one-half is in the cavity of the uterus, it is then held in position while water is pumped into the condoms until the

requisite amount of distension is reached. It has the advantage over other uterine dilators, that it is easier to introduce, while its distensile power is equally as great.

Tenth : As a means of applying ice to the rectum.

Eleventh : As a means of arresting hæmorrhage from the rectum—the condom and syringe are used just as the syringe and balloon are, for the arrest of uterine hæmorrhage.

Twelfth : As a rectal stricture dilator—whenever we wish to improvise a dilator, either for the gradual dilatation, or forcible rupture of rectal stricture, we pass half a dozen condoms one into the other, and fasten them over the female nozzle, pulling them lengthwise, so as to cause them to lay close to the nozzle. It is best in such cases to perforate the syringe nozzle midway between the point and screw end. If this be neglected difficulty will sometimes be found to the free entrance of water into the condom, on account of closure of the end of the nozzle by the tense rubber drawn over its point. The dilator thus prepared is passed half way through the stricture and gradually filled with water, until the stricture is sufficiently dilated or forcibly ruptured. If the condoms, as soon as they begin to fill, should slip through the stricture up the bowel, as they will often do, if the stricture is within an inch or two of the anus, we can continue to fill them, and as soon as they attain the size of a large man's wrist, we can pull them through the stricture and dilate it by this means equally as well as if they had remained in situ. The sphincter ani can be over distended, and paralyzed by the same method.

Thirteenth : As a means of constant pressure for the cure of orchitis—the condom is slipped over the swollen testicle, and allowed to remain until the cure is effected. For this suggestion I am indebted to Dr. Black of Fort Wayne, Ind. (See *American Medical Weekly*, Sept. 5th, 1874). His method of applying it is by folding the condom back upon itself, after the manner of the inverted finger of a glove, and turning it over the inflamed testicle just as a tight sock is turned on the foot. But by whatever method you try to put it on you will find it difficult.

Fourteenth : As a syringe the condom is first filled with water, and a reed tied into the mouth of it. We thus have a syringe after the old style reed, and pig's bladder.

Fifteenth : The syringe, and condoms, prepared as for dilating

rectal stricture, can be used for dilating the wound made in median or lateral lithotomy, or instead of Dolbeau's dilator in cases of perineal lithotrity.

(APPENDIX C.)

Acute Aural Catarrh.

By GEORGE S. ATTMORE, M. D., NEWBERN, N. C.

Mr. President and Gentlemen:

Having been appointed at our last meeting to read an essay upon Aural Catarrh, and not having been limited to any particular form of this malady, and owing to the short time allotted each individual member, in which to dispose of his subject, I have concluded to confine my remarks, entirely to that form of aural disease, known among nosologists as Acute Aural Catarrh. By Acute Aural Catarrh, I mean that condition in which the mucous membrane lining the middle ear is in a state of acute inflammation, which runs a rapid course, ending either in resolution or acute suppuration. In order fully to understand and comprehend our subject, it is necessary that we should take a cursory glance at the anatomy and physiology of the parts involved in the morbid process.

The following I have condensed from Marshall's Outlines of Physiology, and I think that in it will be found a sufficient knowledge of the parts in question:

"The middle ear or tympanum, is a small cavity, or chamber, in the temporal bone, containing air, and certain small bones, named the ossicles of the ear, and a few muscles and nerves; it is placed between the membrana tympani, and the outer wall of the labyrinth. Its outer boundary is formed by the membrana tympani; this is a thin semi-transparent membrane, of an oval shape, which slopes from above, downwards and inwards, and from behind, forwards and inwards, and is fixed by its circumference to a slight groove in the bone. It is the resemblance of this membrane to the head of a drum that has given the name of drum of the ear, or tympanum, to the middle ear.

This membrane is composed of three layers; an outer one, which is an extension of the skin lining the external meatus, an

inner layer, similarly derived from the mucous membrane lining the tympanum, and an intermediate layer, consisting of fibrous and elastic tissue, in which are blood-vessels and nerves: the middle layer is said to consist of two lamina, the outer of which is composed of radiating, and the inner of annular fibres. (Toynbee.)

The inner wall of the tympanic cavity corresponds with the outer surface of the labyrinth.

The tympanum communicates, behind and above, with cells in the mastoid process of the temporal bone, called the mastoid cells; in front and below, it opens into the eustachian tube, a trumpet-shaped canal, partly osseous, partly cartilaginous, leading into the upper part of the pharynx.

There are also several small apertures, for the passage of vessels, nerves, and minute muscles.

The little bones, or ossicles of the ear, the smallest in the body, are three in number, they are stretched across the tympanic cavity; from the membrane tympani to the inner wall of that chamber, and are named, the malleus, the incus, and the stapes. The malleus, or hammer like bone, is attached, by a somewhat twisted process, called its handle, to the inner surface of the membrana tympani, near its centre; this attachment of the bone causes the membrane to be drawn in, as it were, towards the tympanum another long and delicate process, called the *processus gracilis*, descends to the floor of the tympanum; while its rounded part, or head, which is also somewhat fixed to the roof of that cavity, is articulated with a concave surface, on the thick part of the incus. The incus, or anvil like bone, consists of a massive part or body, and of two processes, or legs, being shaped somewhat like a double tooth. Besides being articulated with the malleus, the incus is attached, by its shorter leg, to the hinder wall of the tympanum: by its long leg, it is articulated with the third ossicle or stapes, which is the innermost of the three bones, by a little tubercle named the orbicular bone, which is sometimes regarded as a separate bone.

The stapes, so named from its resemblance to a stirrup, is placed horizontally, and is attached, by its foot-piece or base, to the inner wall of the tympanum when it is fixed, by fibrous membrane, to the margin of an oval aperture in the bone, called the *fenestrum ovalis*, leading into the labyrinth: it is so attached as to

be able to undergo certain movements. The foot-hole in this diminutive stirrup, is closed by a membrane in its perfect state.

These little bones, which weigh only a few grains, are covered with periosteum, supplied with blood-vessels, articulated together by perfectly movable joints, and provided with minute muscles, which, acting on the small levers formed by this jointed rod, influence the condition of the membrana tympani on the one hand, and of the fibrous membrana uniting the base of the stapes to the margin of the fenestra ovalis, on the other.

The conjoined bones rotate upon a horizontal axis, passing through the slender process of the malleus, the head of that bone, and the body and short process of the incus.

The muscles of the tympanum are, like the bones, three in number. Two of these, the tensor tympani, and the so-called laxator tympani, arise from definite points of the surrounding petrous bone, and are inserted into the malleus; the first named is undoubtedly muscular, and draws the membrana tympani inwards, and tightens it; the latter was formerly described as a muscle having the opposite action, but it is either seldom present, or as maintained by some authorities, is merely a reddish ligamentous structure. The tensor tympani muscle, according to Toynbee, is inclosed in a tubular ligament, which, he supposed, keeps the tympanum in a state of medium tension, the tensor tympani only being called into play when the tension of the membrane is increased.

When the tensor tympani acts, the head of the long leg of the incus is drawn inwards, so that the base of the stapes, which is articulated with it, must also advance towards the inner wall of the tympanum, and so press in the membrane of the fenestra ovalis. Fick has proved this by direct observation.

The third muscle, called the stapedius, is inserted into the stapes; it is generally regarded as a tensor of the membrane of the fenestra ovalis, but, by some it has been described as relaxing that membrane. It is the smallest muscle in the body.

The tensor tympani is supplied by a nerve from the otic ganglion, the laxator, it is said, by the chorda tympani nerve, and the stapedius by a branch of the facial nerve. Below and rather behind the fenestra ovalis, on the inner wall of the tympanum, is another small rounded opening in the bone, called the fenestra

rotunda; it is closed in the recent state, by a membrane.

The mucous membrane lining the tympanum is thin, and for the most part, covered with ciliated epithelium; it assists in closing the two fenestræ, and serves to form the inner layer of the membrana tympani.

In the latter situation, it is said to be destitute of cilia, lastly, it is reflected over the little ossicles, and the tendons of their muscles, and also over the chorda tympani nerve, which traverses the tympanum.

It contains no mucous glands, but is constantly moistened with a yellowish fluid.

In front, it is continuous with the ciliated mucous membrane lining the eustachian tube, and through it, with that of the upper part of the pharynx; behind it enters and lines the mastoid cells."

And now, gentlemen, having shown you the topography, of the tissues involved in this painful affection; I ask you to bear with me patiently, while I endeavor to give some idea of the intensity and extent, to which, this morbid process may obtain.

Starting either in the eustachian tube, its pharyngeal extremity, or in the meatus auditorius externus, the inflammation travels, by contiguity of tissue, with almost lightning like rapidity into and over the whole mucous membrane of the middle ear, and in bad cases even into the mastoid cells themselves, exudation taking place the whole cavity is filled with mucus, and not only the cavity; but fluid is poured out into the cellular tissue, lying between this membrane and the periostium, hence the great amount of pain, likened by Von Trosch to that of a periostitis.

Those of you who have ever suffered from the common ear-ache of oldern times, and this is nothing else, will bear me out in the assertion, that of all aches, this is the most painful, often causing the patient, however stoical he may be, to cry aloud in his anguish. And if such be the suffering of grown men and women, what must be the agony of the little child who is so often brought to us with this terrible disease? Those of us who have suffered ourselves, alone know how to sympathize with the little sufferer as he cries aloud, "my head! oh, my head!" And yet, how often are just such patients dismissed with the assurance that it is only an ear-ache, that it will amount to nothing; and

without the semblance of an examination into the cause of the pain, directed to go home and drop sweet-oil and laudanum in the ear, and apply a poultice to the outside of it, with just as much gravity and dignity, as if they were really going to do any good.

Gentlemen, truly, if this is all that we can do for our suffering patients, it behooves us, as humanitarians as well as physicians, to investigate closely this morbid process, and to devise something in the shape of treatment that will at least have the merit of doing them no harm, if it can do them no good.

I am happy to state, however, that within the last decade and that also preceding it, that a great deal has been done, towards elucidating the diseases of the auditory apparatus. Patient and diligent research has been made, and the fruits of it are visible, in the increased facilities for diagnosing and treating the diseases of this important structure, and in the increased knowledge we now possess, of its anatomy, physiology and pathology; and ere long the expression, "we can do nothing for it, you had better let it alone," will be as rare as it is now common, and we will no longer trust to our patients out-growing a disease that may result in his death if neglected, or eventuate in chronic suppuration with all its attendant evils.

If we were to form our estimate of the frequency of this disease, from the statistical tables of most writers upon the subject, we should have a very erroneous opinion, of the number of cases that actually occur in practice.

Thus—Prof. Chisolm, in his report of the Baltimore Eye and Ear Institute for 1874, only records *eleven* cases of acute catarrh out of 542 cases of ear disease that presented themselves for treatment at that institution, from Sept. 1st, 1872 to Nov. 1st, 1873, inclusive. Roosa reports, from statistics of private practice, only fifty-five cases out of 994 cases of aural disease treated by him.

Judging from the above, we would be led to think that acute aural catarrh was a rare disease, when on the contrary it is one of the most frequent of all diseases. There are very few people I imagine who have not, at one time or another in their lives, suffered from so-called ear-ache, and acute aural catarrh is nothing else, but the old time and oft neglected ear-ache.

Roosa says in regard to this matter, "Every physician will at

once recall the fact, that it is often incidentally mentioned, when perhaps he is visiting a patient suffering from other diseases, that Johnnie or Mary has had a severe ear ache all night, and that there has been great difficulty in quieting the fearful pain. Very often indeed the fact will be added, that the pain is not yet subdued, and that the family have exhausted the means at their disposal for relieving it; and yet, taught by tradition and experience, they do not expect any thing from the physician, whose aid becomes so efficacious for the pain of colic or of peritonitis.

It is to be feared that many physicians stand helplessly by, and allow an acute catarrh of the middle ear to run on to suppuration of the drum-head or to meningitis, without an attempt at interference."

I hope to be able, before closing this article, to show, that we have sufficient means at our disposal, not only for diagnosing but also for curing this disease, and I wish to impress, once more, upon the minds of my hearers, the fact, that the disease begins as the common ear-ache, and that a large percentage of cases of ear ache, have their causation in acute aural catarrh.

It will be seen therefore, that instead of being an inflammation that we can trust to its natural tendency to get well, it is one that requires our closest attention, and that we are dealing with the history of a disease that it behooves the physician to master most thoroughly.

The symptoms may be divided into those which are subjective and those that are objective:

The Subjective Symptoms are—Pain in depth of Ear, A sense of fullness, Noises in the Ear.

The Objective Symptoms are—Vascular Injection, Bulging outwards of Membrana Tympani. Impairment of hearing, Catarrh of Eustachian Tube and Pharynx, Fever.

The first is pain, this may be severe or mild: ordinarily however the patient experiences a pain that is very acute and at the same time penetrating, sometimes so much so, that he will declare he has a neuralgia and indeed it is often very difficult to distinguish this pain from neuralgia of the molar teeth so closely does it resemble that malady, more frequently however the pain is accompanied by a feeling peculiar to this distressing complaint, described if the patient is old enough, as a feeling of fullness in

the tempero-maxillary region, accompanied by one of emptiness and lightness of the head and a feeling of utter helplessness and distress.

In children this last will be found to be their chief trouble, and if of sufficient age they will cry out and carry their hands to the head, and beseech the bystanders for relief. In young infants who cannot make known their sufferings by speech, we will observe a peculiar distressing cry and an effort to get their heads down upon something to rest them, and a continuous disposition to place the hands on the head.

Another very distressing and important symptom in those who are able to give utterance to their sensations, is that of noises in the ear, compared by patients to those sounds, with which, they are most familiar, such as, ringing of bells, the roaring of the surf; often to the noise occasioned by machinery in motion, as the threshing machine, &c. All patients do not complain of these symptoms in an equal degree, some will complain of one, some of another, but most always upon questioning them closely, we will find that all can be elicited.

We now come to the more important, or objective symptoms: upon examination, we will find more or less vascular injection of the bottom of the meatus auditorius externus, and of the drum-head, sometimes confined to the peripheries of the membrane, at others, completely involving this structure and the surrounding parts: very frequently we shall find vessels developed in it, and then it loses its translucent appearance, and seems to be, an intensely redened septum, hard to distinguish from the parts around it.

Frequently the membrane will appear, as though there were something behind it, causing it to have a bulging appearance, with the convexity outwards.

Roosa says in regard to this symptom: "bulging outwards of the membrana tympani is a symptom that may often be observed after the first 48 hours of an attack of Acute Aural Catarrh.

If the disease continue longer in an acute form, spontaneous perforation is apt to, but does not always occur.

This bulging outwards, I have most frequently observed in the posterior and inferior quadrant, but also in Shrapnel's membrane, and usually in the posterior portion of the membrane.

It is sufficiently marked to be detected by any one who is at all familiar with the examination of the normal membrane.

In rare cases, I believe I have seen but two in my experience—the imperforate membrana tympani will be found to pulsate synchronously with the pulsations of the heart.

As is well known, it is quite common to observe a pulsation of the vessels of the cavity of the tympanum in cases of acute and chronic suppuration of the part, but pulsation of the imperforate membrana tympani is a rare symptom.

There must be a great increase of the tension of the membrane when this occurs from pressure of the blood column or of mucus behind it.

Increased secretion from the pharynx and region of the posterior nares is almost always observed in cases of acute catarrh; but it requires but a mere mention in this place.”

The impairment of hearing is almost always found to exist, sometimes the patient is as deaf as an adder, at others the impairment is very slight, and the patient will assure us that he hears very well; but upon examination with the watch and tuning fork, I think but very few will be found but what show some deviation in this particular.

We will see some few however, in whom this sense is heightened, being even more acute than in health, and even painfully acute.

In acute catarrh developed upon old chronic cases of non-sup-puration, the hearing is also morbidly increased. Why there should be this difference I cannot tell, neither can I arrive at any satisfactory conclusion from the perusal of works written especially upon the ear.

We now come to the most constant symptom fever or more properly pyrexia. This symptom will be found to be an invariable accompaniment of Acute Aural Catarrh.

If we apply the thermometer, and we should always do it, we will find the temperature elevated, more or less, in all cases according to the gravity of the attack.

The pulse will be found increased in frequency, the skin hot, the face flushed, the eyes injected, the temporal arteries and the carotids throbbing, and a general appearance of distress.

In some cases we may have delirium and somnolence, and the patient will have the appearance of one suffering from an inflam-

mation of the cerebral membranes; particularly if he be a child and the disease has passed into suppurative inflammation.

And yet this is the disease that the practitioner so often dismisses as trivial, with the assurance that the patient will outgrow it, or for which a simple poultice is prescribed, which, in my experience only hastens the suppurative stage and invites a destruction of the middle ear. The causes of the disease may be tabulated according as they affect, the inner or outer terminus of the drum cavity, or in other words, those causes that act from within and those acting from without, thus:

Causes acting from Without—Cold applied to external meatus. Inflammation of external meatus, however caused, extending through the tympanic membrane, into the cavity.

Causes acting from Within—Cold affecting the throat and orifices of eustachian tubes, Any inflammation of throat, however caused, extending by continuity of tissue; under this head, may be included the exanthematous diseases, measles, scarlet fever, and small-pox. Syphilitic infection, also may cause the disease: but there seems to be no diagnostic differences in these and other cases, save their history.

While Acute Aural Catarrh may have its origin in the external meatus, we more often find it beginning in the pharyngeal extremity, and extending along the eustachian tube to the drum cavity. Should we not therefore, in every case of inflammation of the throat, however caused, examine the patient's hearing power, and if we find this deficient, investigate closely the cause and if we find catarrh of the tympanum, treat it, and not sit idly by and wait for suppuration to occur, particularly when our remedies cannot, in any manner, conflict with the treatment of the pharynx?

The use of the nasal-douche, is said by some, to cause the disease, and though it presents a most convenient means of treating nasal catarrh, yet upon authority of Roosa, Moose, Knapp, Pardee and other specialists, we must lay it aside. The exanthematous diseases will be found to be, a most fruitful cause of this malady, and so will all constitutional diseases that affect the throat.

Pneumonia and bronchitis, also coryza, often give rise to the disease.

In regard to diagnosis, after what has been previously said

there remains little for me to write: I will content myself therefore with a description of the instruments more necessary, to aid us to attain this end.

First we must have an ear speculum, of which there are various patterns, all having for their object, to straighten the auditory canal. I prefer the simple cone of silver or hard rubber, and known as Wild's Speculum, although that of Weber is very good for the purpose.

We must then have a mirror for reflecting the light into the speculum, or we will not be able to see.

Some authors I know, among whom is Prof. Chisolm, of Baltimore, state that by simply lifting the auricle upwards and backwards, that sufficient light will enter the meatus for all practical purposes; but I must confess that I have never been able to illuminate the deep parts of the passage in that manner. It certainly requires a nice manipulation to effect it. I find that my head invariably intercepts the very ray of light, that should pass to the drum-head.

But no such difficulty will be encountered if we use the mirror: this can be used with a handle or with a head-band, the latter mode being most convenient, as it leaves both hands free for work. With these instruments we will be able to examine the canal and membrana tympani; but these are not all we need, for in order to know if the eustachian tubes are pervious, we must provide ourselves with a Politzer's air bag, and an eustachian catheter, the former being a small air syringe, with a plug to fit the nose or catheter, which, is a small instrument to be used through the nose and inserted into the orifices of the eustachian tubes, through which, air is forced into the cavity.

These latter instruments are of more use in the latter stages of the disease, and serve materially to increase the efficacy of our treatment. The prognosis of this disease, when taken in time is favorable to a cure; but when neglected and allowed to degenerate into the chronic form or any of its sequelæ, it must be guarded. In regard to treatment, Roosa says in his book which is probably the latest work out on ear disease and which I regard as the best I have ever seen, "The proper treatment of Acute Aural Catarrh is pre-eminently an antiphlogistic one.

The disease is an inflammation of the severest form and can

only be combated by such means as local blood-letting and opium.

A nervous pain in the ear, a true otalgia is a very rare disease.

In fifteen hundred cases I have seen but one such affection, and yet an inflammation of the middle ear is very often treated as would be a case of facial neuralgia; or we might even say, that the ordinary treatment of acute aural inflammation is pre-eminently empirical and without reason.

From the time of the ancients down to our own day, all kinds of decoctions and mixtures have been poured into the ear to relieve ear-ache. Some of these agents are of a negative or slight value; many of them are of a positively harmful nature. To the former class belong such applications as sweet oil and laudanum, glycerine, molasses and so on.

To the other class belong Harlem oil, cologne water, Ether, and all stimulating applications. Poultices are remedies often used, but while they generally quiet pain, their application is so dangerous to the integrity of the drum membrane, especially if they be used for many hours in succession, that the practitioner will do well to avoid them, unless other means cannot be employed or when the latter prove ineffectual. In some cases however, the urgency of the pain will demand that poultices be employed. The chief thing to be done in this disease is to decrease the heat, swelling and vascularity of the parts.

Applications of a stimulating nature, made to the *membrana tympani*, cannot do this, and mere emollients, such as sweet oil, have a very transitory effect."

I have quoted verbatim, thus far, from this most excellent work, in order to show the prevalent opinion of the treatment to be adopted in such cases.

The remedies that we are taught to rely upon, in the treatment of inflammation, viz: blood-letting, calomel and the use of blisters, I am sure will not serve our purpose here.

Blood-letting will be found useful, only upon mechanical principles, by relieving the over-loaded vessels and thus removing pressure; and in order to do this, most effectually, leeches may be applied to the part, the tragus being the best point for their application, because here, the vessels of the middle ear and those of the drum-head inosculate.

For this fact we are indebted to Wild and Von Troltsch. The

application of from one to six leeches will usually suffice for this purpose: pressure being removed, and hence one form of irritation being gotten rid of, the disease may be safely guided to resolution, which is its natural termination.

I do not believe that leeches or any other remedy do or can cut short the inflammatory process. I would therefore use the leeches, to remove the blood that is there in too great quantity and because they do it quicker than the absorbents can accomplish it, and we thereby save time, as well give relief from pain.

But leeches are troublesome, and sometimes hard to get, what are we to do then?

Puncture the tragus, apply suitable cups and encourage the bleeding by the application of warm water. I have been led to take quite a different view of the treatment of acute aural catarrh, from that entertained, by the authors, to whom I have had access, viz:—Roosa, Von Troltsch and Toynbee. We know that the mucous membrane, lining the middle ear, is extremely delicate—and that it consists chiefly of epithelium and a layer of consecutive tissue underneath; the thinness of which tempted Von Troltsch to state that the mucous membrane could not be separated from the periostium, hence every catarrh of this part, is a periostitis; but, Kessel has proved that, “the connective tissue of the mucous membrane, in some places, forms a fibrous framework, which separates, from the periostium and passes from one projection of bone to another, through the free space of the cavity.

One such bridge, according to Roosa, has been frequently observed to pass from the eminentia pyramidalis, to the processus cochleariformis, while many are seen on the floor of the tympanum. Hence I have concluded, that in this morbid process, we encounter an inflammation, analogous to, if not essentially a cellulitis, and that the administration of remedies calculated to overcome this disease, will be attended with the best results, in acute aural catarrh.

Foremost among these, I would place quinine. I look upon quinine, as having a direct controlling effect upon the migrations of the leucocytes, and since Stricker and Conheim, have shown this to be the essence of the inflammatory process, I have looked upon quinine, as the remedy, *par excellence*.

We all know and are prepared to admit, that as an equalizer of the circulation it has no superior, it matters not here how it does this, if the fact be admitted, and I have proved it repeatedly to my own satisfaction. Then this is another indication for its administration.

As a reducer of febrile action, and heat, it will also be found very valuable; for have we not here all the symptoms of pyrexia? with its quick pulse and high temperature.

The bromide of potassium, either in conjunction with the quinine or separately, will be found a valuable therapeutic agent, it being a direct sedative to the nerves, supplying all mucous surfaces and diminishing the secreting functions of all mucous membranes, besides being also a sedative to the circulation.

For the relief of pain, morphine, combined or not with some preparation of gelsemium, will be found sufficient. Chloral hydrat, and croton chloral, will here also serve our purpose admirably, particularly the croton chloral.

As local remedies, the use of hot water has superseded all others, it being allowed to run into the ear in a continuous stream, by means of an aural douche, an instrument similar to the nasal douche of Weber.

The ordinary syringe, is of no use whatever in this form of the disease, it being better to pour the water into the ear, from a suitable contrivance; a small pitcher answering very well, and to repeat it every few minutes.

Paracentesis of the drum membrane, has been recommended, as an efficient means, for the relief of pain and to prevent loss of tissue, when the membrane is very much pressed upon, from within. In regard to this operation I copy from Roosa---Schwartz, of Halle, taught us the value of this means of treatment in acute cases, and I have found it of great value.

I would even pass a cataract needle through the posterior portion of the membrane in any case, whether bulging were seen or not, where the use of leeches did not markedly diminish the severe pain within a few hours."

The operation should be performed, while the head of the patient is well supported, and a good light thrown upon the drum, by the *otoscope* attached to a forehead band.

An ordinary cataract needle will answer very well for the

instrument and it should enter in the posterior inferior portion of the membrane, or in Shrapnel's membrane, the greatest amount of bulging being generally found at these points.

The pain, is so slight that the surgeon need not think of it.— If we find, on examination, that the mastoid region, is hot, red, tender and swollen, we should make an incision down to the bone; but it is only rarely that this is the case in acute catarrh. This is more apt to be found in sub-acute or chronic suppuration.

The condition of the pharynx should be investigated and if found inflamed, should receive proper attention. One of the best applications, that I have found for it, being a turpentine water, prepared like the officinal waters of the U. S. P. of the strength of from drams 2 to drams 4 of the oil to the pint of water, and used as a gargle.

The eustachian catheter and Politzer's method should be resorted to, as soon as the acute symptoms subside, thus keeping the eustachian tubes pervious and blowing the mucus that may have accumulated, out of the cavity.

This if done gently, will be found painless and beneficial. The hearing, should be tested, with the watch and tuning fork, in order to see, if any impairment of function, has taken place; for in half treated acute catarrhs, is laid the foundation of chronic non-suppurative of the middle ear. These local means, conjoined with the general treatment already pointed out, will I am sure, arrest almost all cases of the disease, and should suppuration occur, usually it will be found tractable, and the ear, may even then be restored to usefulness. The patient, should of course, be kept in a warm closed room, during the stage of pain and fever the diet should be nourishing and every thing should be done that can add to his comfort. The practitioner, who while treating one of the Zymotic diseases, should find this inflammation breaking out, must let no circumstance connected with the former, prevent his treating the local disease properly.

Better would it be for a child to die of the fever, than to recover from one of these maladies, only to fall a victim to the effects of a chronic ear disease.

In conclusion, to the wish of the illustrious Professor of the New York University, that the neglect of the treatment of ear disease, will not prevail in the next generation, to the extent it does in ours, let me add a hearty, amen!

(APPENDIX D.)

Individual Physiology, or the Science of Individuality.

By F. DUFFY, M. D., NEWBERN, N. C.

Mr. President and Gentlemen :

An important subject for scientific investigation, and one, the consideration of which, is indispensable to the Physician, is that of individual Physiology.

I mean by this term, the phenomena of life manifested by each individual, and which vary in degree of difference, from the most striking peculiarities to shades of difference scarcely discernable; or to manifestations which are common to most or to all persons; or in other words, some of these phenomena are common to all persons, the majority to most persons, some to only a few, and probably some are manifested in only one individual; while each individual has a combination which is peculiar to himself. I prefer the term individual physiology to that of idiosyncrasy which as defined by Dunlison, is "a peculiarity of constitution by which one person is affected by an agent which in numerous others would produce no effect," and Hammond gives a definition about the same. This term might with equal propriety be used, but as far as my observation goes, it is generally applied to those striking peculiarities of constitution which are the exception; while individual physiology, in the sense which I mean it to apply, is the invariable rule. Hammond says idiosyncrasy "is something inherent in the organization of the individual, of which we only see the manifestation when the proper cause is set in action;" and further, "that were we to search for the cause with all the appliances which modern science could bring to our aid, we should be entirely unsuccessful." To this conclusion I think we ought to be very slow in assenting, as many difficulties have been surmounted and mysteries solved by prolonged and patient investigations; and it is only fair to presume that in the advance of the collateral branches of science, light will be shed on this subject, and the science of individuality developed to that degree in which truths can be demonstrated which now can only be dimly foreshadowed by the process of reasoning. The first step in the development of this knowledge will be to discard the idea

that peculiarities belong only to the few, and regard each man as being more or less unlike his fellows. Of the thousand millions of inhabitants of this earth, we have no proof that any two are so nearly alike in feature and physical contour, as not to be distinguishable, the one from the other, on accurate comparison. This is doubtless because, that in the examination of the exterior, we can bring so many of our senses to bear, and a difference, which would not be detected by one sense, will be readily observed by another.

Now let us suppose that we were deprived of the sense of sight—that no human being had ever seen, while possessing all of our other senses, even in an exalted degree; is it not reasonable to suppose that we would regard a large number of mankind, if not the majority, as being identical in appearance.

Measurement, nor the sense of touch, nor that by which we appreciate weights, nor any other sense, taken separately or conjointly, would be sufficient to detect those differences, at once perceptible to the sense of sight. The sense of touch has its peculiar domain; conveying impressions which a combination of all our other senses could not convey.

It is a well known fact that an adult suddenly endowed with sight, having been blind from infancy, cannot, with the sense of sight, perceive rotundity; but at first requires the aid of the touch to enable him to appreciate more than a mere superficies, until the sense of sight is educated by the sense of touch; notwithstanding, he may have felt that object and perceived its roundness while in a state of blindness. If these special states or conditions require special senses for their perception, are we not warranted in the conclusion that inanimate objects possess physical characteristics which we are not endowed with faculties to perceive.

Much more are we in a state of ignorance in regard to the complex organization of man, “fearfully and wonderfully made”—physically, morally and mentally.

But while we cannot reasonably hope ever to fathom all the laws of his being, or even to predict with certainty the quality and quantity of effects which will follow the administration of a certain quantity of a given agent in a given case, still I think we may hope to arrive at a much higher degree of probability in

every case. If we accept the idea of the distinct individuality of each one of our race, as regards one phenomenon or more, (whatever may be the average degree of peculiarity,) the difficulties encountered, in the investigation of that case, may be multiplied by the number of inhabitants of the earth to get the dimensions of one field of investigation. Not that it would be profitable or possible, for one man to do more than acquaint himself with a knowledge of those vital phenomena that occur in all or in most individuals of our race, which are of most general application; and in his own sphere, to study individuality: regarding each person as the possessor of peculiarities, discovered or undiscovered.

At the recent meeting of the British Medical Association, at Norwich, Dr. Reynolds is reported to have said in his address, that we are no nearer than our forefathers to an understanding of the history of life, and that we are never likely to get much nearer to such an understanding." He advocated "those specific differences in man termed idiosyncrasies," and the insufficiency of statistics in enabling us to deal with individual cases.

If we examine the causes of such discrepancies as exist in the statements of physicians, in regard to the action of medicines in various conditions, we will have to ascribe much of it to peculiarities of patients; though this is by no means the only cause. It is hardly necessary to allude to the various effects of some drugs, except to prepare us to admit differences less demonstrable in others. The amount of opium which would soothe one, would craze another. A dose of oil of turpentine that would produce no unpleasant effects on one person, would be attended with the most distressing effects in another; and these two not uniform. Even the external use of this remedy produces widely different effects, both general and local. Some skins, which to all appearances are more delicate than others, are irritated less by an application of this remedy. In fact I believe that all medicines, the effects of which are easiest to demonstrate, show as a rule different effects on different individuals, at least in degree. Herbert Spencer says in his "Genesis of Science" that "our first achievement is to foretell the kind of phenomena which will occur under specific conditions: our last achievement is to foretell not only the kind, but the amount;" and further that all sciences are

qualitative in their first stages. Now let us suppose we take three men under similar conditions and find the minimum dose of Epsom salts which will produce catharsis in each case: it will most likely vary, and that widely, if, in the selection of our cases we are not careful to note every discoverable co-existence which could aid or retard the action of the agent. We may say as much of any cathartic; and of emetics in the production of emesis. If we say that there is no practical disadvantage in a larger quantity of these medicines than is required to produce their physiological effect, in as much as the redundancy is ejected from the system, (which is not generally the case,) we cannot apply this remark to such medicines as are absorbed into the blood and going their rounds in the circulation, make their impress on the vital organs. If the effects of a remedy is in proportion to the amount administered, a definite quantity must be required to produce the best results in a given case; and while a deviation from that quantity may be attended with good results, still we have not attained the highest success. This seems to admonish us that, after acquainting ourselves with the most invariable effects of a remedy, we should administer it tentatively—regarding effects rather than the amount used. A remedy most frequently used is Quinine. We might suppose that there could be no question as to its effects and the indications for its use. Still outside of the admission that it is in some way antidotal to Malaria or remedial to its effects, there is considerable difference of opinion, and probably as fast as one disputed point is settled or abandoned another will present itself. It may not matter with the practical physician whether in the accomplishment of its mission, it restores a normal ingredient (Chinoidine) to the animal tissues, or eliminates or destroys vegetable spores, or maintains the equilibrium between the sympathetic and cerebro-spinal nervous systems, or in what manner it acts; so that it is effectual. But he will need to consider the susceptibility or resistance of his patient to its influence: and to get its characteristic effects, and accomplish his object, will need to administer to one much more than to another, even in hypodermic injection, in which case non-absorption cannot be plead.

Two young men, whose places of business joined, were recently taking Quinine under my direction to ward off malarial fever.

In the one case, where the usual prodromes showed that an attack was imminent, a dose of six or eight grains was sufficient to prevent any further manifestations, and needed not to be repeated for several weeks or longer; while in the other, six or eight grains daily and an additional ten grain dose on Saturday, the day of the chill, produced but little effect for two or three weeks. I might give many illustrative examples, but no doubt it will be sufficient to ask you to compare results in your own practice for any more that you may need. Much has been said of the oxytocic properties of Quinine; the principle I am trying to advocate may be some explanation of the adverse views held on this subject. For my own part I am satisfied that, by the use of Quinine, I have prevented miscarriages and worse consequences. At the same time I remember two cases in which premature delivery followed its use, and the arrest of fever. One of these cases was in a state of malarial cachexia and had miscarried in former pregnancies before coming under my advice.

It may not be irrelevant to the subject to say that I have been led to believe, from observation, that as a rule when there is any disposition to uterine hæmorrhage, Quinine aggravates that tendency, though it is often the least of evils. Also I will say in this connection, that I have been accustomed to regard quinine as harmful in cases of dysentery as far as the intestinal inflammation *per se* was concerned. This opinion I believe is not in accordance with the more general and, it may be, more correct views of others. The disease however, with us is so often associated with malaria, that there can be no question as to the frequent necessity of Quinine.

In the case of an infant, less than a year old, suffering with entero-colitis and malarial fever, I was informed by the mother and also by the father, who was a physician, that Quinine aggravated his pains, and produced bloody discharges from the bowels. Such was the necessity for its use, that I insisted on giving him a dose—I think half a grain—the administration of which was attended with the usual screaming, and bloody discharges which had been accustomed to follow its use, and which I could hardly think was only coincidence. Doctors C. Duffy, Jr., and Geo. S. Attmore, have recently informed me of a patient who is invariably attacked with a Papular Rash after taking Quinine. It has

not been my purpose to treat of the action of Quinine or any other agent, except as a ready means of illustrating individual physiology. I might allude to many other medicines and foods, in the range of my own experience and in the experience of others, written and unwritten, which have produced effects unusual and extraordinary from no other reason apparently, than the peculiarity of the recipient. Even while I write a negro patient comes to report an unusual degree of perversion of sight, from the use of an ordinary dose of the alkaloid Gelsemin. The unwelcome conclusion forces itself upon our minds, that in the existing state of knowledge, or rather lack of it, the best directed efforts of the most scientific physicians, as a rule, are but approaches more or less near to perfection. Nor am I to be understood as depreciating his attainments or usefulness. He lays under contribution every science, art is exhausted in bringing to his aid new and wonderful appliances, to assist him in his investigations. Still not certitude but only "probability is the guide" of his useful life. Instead of first indicating individual peculiarities by the multiform actions of medicines, I might have alluded to the anatomical or physical peculiarities of man, in each organ or system of organs, to the manifestations of difference in the exercise of the physiological functions of similar organs in different persons, intellectual and moral peculiarities, climatic influences, and other influential circumstances, in all of which it would be next to impossible to find any two persons in exact correspondence; and then have asked, how could the application of any agent be attended with uniform results under such unlike conditions? And would not more accurate observation convince us that our results (in practice) are less uniform than we now suppose?

But almost unconsciously I find myself beginning, as it were, at the top and proceeding toward the foundation; which seems to have been the manner of evolution of the medical science from the beginning. Vesalins, the first dissector, published his "seven books on the structure of the human body" about two thousand years after the illustrious Father of Medicine, had written his description of diseases and indicated his treatment. Phenomena are usually observed, before their laws are understood. We may reason from cause to effect, but not less frequently from effect to cause—a relation which must always be understood to exist,

though it cannot always be demonstrated.

This brings us to a consideration of such circumstances as should determine the application of therapeutics in individual cases. For, notwithstanding the *materia medica* is a comparatively small part of the range of medical study, it is a culminating point. The cure and prevention of disease is the object of a patient in seeking the physician. The most profound knowledge of the medical and collateral sciences, the most intimate acquaintance with their theoretical and practical details, will be nugatory, to the patient, if we fail to find a remedy for his malady.

The points to note in investigating a case are clearly taught in medical works and need not be enumerated. But it seems to me, that as far as therapeutic indications are concerned, this is somewhat barren of results; at least there are not as many shades of difference in prescriptions as there are in patients. These ought to be in proportion to each other. But the reason that they are not is obvious: the influences of these various circumstances are not definitely ascertained. True we have certain general rules as to selection of remedies, and proportioning of doses, to age, sex, constitution, &c., all of which is good as far as it goes; but for example, let me ask, is there as much difference in the treatment of the white and black races as there is in their organization?

In Tanner's clinical medicine, the "general mode of taking a case," is perhaps as comprehensive and exhaustive as can be, until other facts are discovered which are capable of serving as indicators to our judgement. We are taught to take nothing for granted, to carefully examine for ourselves, and to interrogate every circumstance that could, in any way, throw light upon the case. If this were done and the minutiae indicated, were invariably attended to, even at our present stage of advancement, physicians, in the aggregate, would be a much more useful class of society, than they are at present. But additional knowledge would accrue from the incessant application of many minds to the labor of investigating and recording those exact conditions which exist in each case, and upon which, the variety in the effects of medicines must depend; assuming that they are not mere random events, independent of any law, and also that they are not miracles. In this investigation it would be required to consider the specific differences in individuals, under the same

external conditions, and also those due to external influences.—For the elucidation of the former, Anatomy and Physiology, and what of truth there is in Phrenology and Physiognomy, should be observed. Every characteristic which marks the individual should be noted and its influence if possible ascertained. And for the latter, the elements which in the aggregate constitute climate, educational influences, etc., should be taken into account.

Herbert Spencer says “that certainty which direct perception gives us respecting co-existences and sequences of the simplest and most accessible kind, science gives us respecting co-existences and sequences complex in their dependencies or inaccessible to immediate observation.” It is to be hoped that the application of science to this complex subject, will not be barren of results.

I am tempted, already, to venture some opinions concerning the action of certain agents on persons of certain organization, (as a commencement of the journey toward the individual), also on peculiarities of several nationalities; but the occurrences to which I allude, may be only coincidences, in some instances at least, which a more extended observation may prove to be exceptional, or accidental. Probably the individual experience of every carefully observant physician, furnishes him with numerous signs or indications, which constitute the “unwritten word” or unworded thought of medicine—harder to describe than to recognize.

I have already alluded to the fact that special conditions require special senses for their perception, and to the probability that the human organism and even inanimate objects, possess characteristics which we are not endowed with faculties to perceive, and of which we must necessarily remain ignorant; but with the faculties we possess, by accurate observation, a few generations of as might generalize many exceptional phenomena, and discover their laws; and if indeed “we are no nearer than our forefathers to an understanding of the mystery of life,” we are nearer than they, to an understanding of the mysteries of the living; and will likely continue to get still nearer and nearer.

In making these remarks, I am aware that I have referred to much that is generally known, and perhaps to nothing, that has not already attracted your attention; as even new-born ideas are rather the offsprings of periods than of individuals. Some

pioneer in this field may have already extended his lines far beyond my limits, and if in this effort I have to some extent (in the language of another) lunched forth in the great sea of speculation and indulged in "vague wanderings over unknown waters" I hope I have been able, at least, to show the "floating leaves and flowers of approaching land."

(APPENDIX E.)

ADDRESS

Delivered before the Eastern (N. C.) Medical Association at its first Semi-Annual Meeting, held at Wilson, N. C.

By J. F. MILLER, M. D., GOLDSBORO, N. C.

Mr. President and Brethren of the Medical Association of Eastern (N. C.) Ladies and Gentlemen:

In discharging the duty imposed upon me at this hour, by the kind partiality of my professional brethren, I promise to be brief, and shall touch only a few of the more salient points of the subjects considered in this rather desultory and somewhat disjointed address.

It is a right conceded by our Republican form of Government to all parties and organizations, whether ecclesiastical, political or scientific in their character, having for their object the best interests of society, to meet together to define their principles, promulgate their doctrines and otherwise extend their usefulness. Latterly these organizations have greatly multiplied both in members and character. Those who foster and represent the commercial interests of the country have their grand Commercial Conventions,—the Mechanics and Typographical Corps—these useful classes of our fellow-citizens—have their Trades Union, and still more latterly our Agricultural population—most aptly styled the bone and sinew of the land—are organizing throughout the wide extent of our country into Granges or Patrons of Husbandry.

Our business is not with any of these to-night, but they are mentioned simply to show that the members of the Medical Profession form no exception to the rule when they meet in Convention. We have met, Mr President and Brethren, for no selfish aggrandizement in the way of pecuniary gain, but for the advance-

ment of the best interests of society, by promoting the harmony, defending the honor, and elevating the character of the members of our Profession. Our duty here is not to establish a fee bill—to declare what each member of this Association shall charge for a visit, a prescription or for certain surgical operations, nor for the ignoble purpose of hindering or preventing any worthy aspirant into our professional circle. But our hearts and arms are open wide to receive every worthy member of the healing Art, and to the young men of the country, who have the necessary qualifications and who desire to enter our ranks, none will be found more willing and ready to give a word of encouragement and sympathy than the medical gentlemen composing this Association. Nor is the organization of this Association in any sense antagonistic to the interests of the State Medical Society of the State of N. C. Some of its leading members and brightest ornaments—those who have borne the heat and burden of the day and contributed perhaps as much as any others to the rise, progress and usefulness of the parent Society—are also worthy and honored members of this Association. The Medical Society of the State extends over such a vast area of country, that many medical gentlemen who would delight in attending its pleasant annual meetings are prevented by the great distance that separates them from the points at which the meetings are held. But our Association is auxiliary to the parent or State Medical Society and cannot possibly conflict with any of its interests and objects; but rather aid in fostering those interests and advancing the most worthy objects contemplated in its organization. A high and pure motive principle, we believe, conceived the idea of organizing the Medical Association of Eastern N. C., and we trust a like motive has brought us, under the Divine Providence, to this the first meeting after our organization—"the advancement of medical knowledge, the elevation of professional character and the promotion of all measures of a professional nature that are adapted to the relief of suffering humanity." While we, as a profession, do not claim exemption from those weaknesses common to frail humanity—the love of gold and silver, of lands and houses—of personal and professional ambition—we do insist that the teachings and practice of the Science of Medicine look far above and and beyond the mere pecuniary advantage that will likely accrue

to those who assume its almost sacred offices. The man who takes his position in our ranks merely for “the loaves and fishes”—the dollars and cents that can be made out of the profession—is at best a mere trafficker in human life and human suffering.

But the consciousness of doing good—to be the happy though humble instrument in relieving human pain and anguish—to cause the human heart to throb with a new joy, the smile of a new-born hope to light up the anxious face because of returning health to some loved one, and to receive the blessing of some poor creature of toil and poverty—perchance some widowed heart unable to offer pecuniary reward for our “work of faith and labor of love” in behalf of herself and family—these are oftentimes to the noble nature higher rewards, more blessed and soul-satisfying than the value of gold and silver. What nobler object of an earthly character can enlist the sympathies and stimulate the energies of the Philanthropist, Patriot and Christian, than the application of Heaven’s bounteous provisions in healing the sick and mitigating the sufferings of afflicted humanity! How dignified and exalted the office of him who, in imitation of the great Physician, goes about doing good—exemplifying the beauty and excellency of medical learning! How sublime and heroic the self-sacrifices this office often imposes upon the true Physician as he goes on his errands of mercy amid the “pestilence that walketh in darkness and the destruction that wasteth at noon-day!”

In obedience to the dictates of these noble impulses of the heart—to this unselfish feeling of our high calling, we trust we have been brought together on this interesting occasion. We have come together from our several fields of labor to compare notes of experience that we have gathered in the treatment of disease—to speak to each other of our doubts and fears as we have stood by the bed of the sick and the dying—to assist in removing these unpleasant mental conflicts, the one from the other, and to cultivate that fraternal spirit that should bind together the hearts of all those who feel a common interest in the advancement of professional knowledge.

An appreciative and enlightened public sentiment has long since recognized ours as one of the learned professions, and accorded to each worthy member an honorable position in society. The names of our illustrious brethren in the profession are asso-

ciated with heroes, statesmen and sages in History and in Song, and to us who are here assembled is committed the rich legacy of their laborious thought and invaluable contributions to scientific medicine. Let us not prove recreant to the high and important trusts committed to us; but with the aid of new lights afforded let us take broader views and higher conceptions of our duties to each other and to society, and go forward to the attainment of a sounder philosophy in the practice of our profession. While much has been done by our professional fathers much yet remains to be done in perfecting our science. As yet ours is not, and possibly may never be one of the exact sciences like Mathematics or even Astronomy, but it is one of most reasonable probabilities. The history of its rise and progress is one of struggles against ignorance, prejudice and superstition. In its history, to some extent at least, the truth of to-day has been the error of the morrow. It has been ironically remarked that Broussais *invented* inflammation and bleeding, while many of his cotemporaries never dreamed of the one nor practiced the other—the one regarding inflammatory action as an exaltation of the vital forces while the other regarded it a depression of the nervous system. Varied theories and diverse practice obtained among learned Doctors at the same times and at different periods of our medical history. Thus we have had stimulating Doctors and debilitating Doctors, and even in our own day there are not a few who affirm that with the aid of Alcohol and a full diet they can cure all curable diseases that “flesh is heir to.” From the earliest records to the present time there have been all kinds of Gods and Goddesses relied upon and applied to in the art of healing, such as demons, astrologers, conjurors and witches, and in late times spiritual, table-turning Doctors, and many other sects. The virtues and efficacy of some of the leading articles of the *Materia Medica* that come to us sanctioned by the experience of ages and by all the wise and great that have graced the annals of our profession have been denied by learned men in the profession. So that there have been at all times extremists in the profession who have sought to rule the medical world and have succeeded to some extent in impressing their age with their pet theories and peculiar notions. It is a great misfortune that these discrepancies in the theory and practice of medicine should ever have existed; but it is cause for con-

gratulation to know that never before has the medical world been so united in the general principles of treatment of disease as now. Truth often lies embedded in the rubbish of much error, and it is for us in this day of rapid strides in the advancement of all the arts and sciences to remove the rubbish of errors and discrepancies that clog the wheels of medical progress. But our system of truth as taught by the Faculties and practiced by the varied members of the profession does not stand alone in the clashings of contrariety of opinions and conflicting dogmas. In all systems of truth where orthodoxy allows latitudinarian in opinion and practice, the human mind is so constituted that there will necessarily be a contrariety of views and sentiment. Even the Christian Religion is not free from theological conflicts among its votaries, though all learn from the same great book and sit at the feet of the same great Teacher. While these conflicts are to be deplored, none the less in Religion than in Medicine, we humbly conceive they are inseparably associated with our imperfect knowledge of Nature's laws and Nature's God. Our profession forges no cast-iron jackets to invest her disciples; nor does it rest upon the dictum of any theorist or set of theorists; but it is founded upon experience and observation. The speculative opinions of the few cannot overthrow the speculative opinions of the many in matters where all are equally qualified to judge, having the same or equal opportunities to observe. In a matter purely experimental the opinion of one man cannot outweigh the experience and opinion of a thousand. In this connection I may safely assert that Medicine is the most difficult and intricate of all the Sciences, because its materials though consisting of facts are related to and blended with vitality, the nature of which has ever transcended experimental research. With all our boasted knowledge and progress we are ignorant of the changes that take place—those inward, occult, disturbing influences—in any disease. Life itself, while a grand thing, is also a grand mystery. We understand many of the manifestations of life, but the most advanced scientist has never been able to tell us what is the vital principle. Each one present carries about and within us a grand mystery—the circulation of the blood in the constant maintainance of our lives. Unlike any other muscular tissue of the body, it ever toils but never grows weary. From “rosy morn

till dewy eve," from year to year, whether we sleep or labor, it beats all the while, keeping life's current in motion, and yet the force that controls the heart's action is as independent of our wills as the force that moves the sun in the heavens. In the clouds above us that defy, in their graceful equilibrium, the laws of gravitation—in the leaves of the forest that are moved by the gentlest zephyr—in the blades of grass that we unconsciously trample under our feet, we may find much that we cannot understand. So that we are compelled to acknowledge that life is a mystery, even in its lowest forms, as well as in its higher and grander manifestations as exemplified in humanity. It is the grandest thing given to the world, for it invests man in his complex nature with a dignity that makes him but "a little lower than the angels," and an object of interest to all created intelligences. And how mysterious is the blending of this complexity of man's nature—this union of mind, soul and body—the material and immaterial parts of man! Who can tell how that which thinks, feels and reasons can be imprisoned in these human bodies, and how mind can be so associated with matter as that the one obeys the mandates of the other! Where does the soul abide—in what part of these material bodies does it make its divine abode? These subjects are uncomprehended by and incomprehensible alike to the student of physics, metaphysics and to the student of medicine. But because we cannot understand the mysterious union of the soul and body and that other the most wonderful, perhaps of all truths ever taught to man—the eternal trinity—must we therefore despise metaphysical theology and ignore the plainer teachings of man's duty to man and to his God? Assuredly not. Our science, like the Christian Religion, is the child of an inexorable necessity; and comparing human science with things divine, like it, mankind is the worthy object of its grand benevolence and sublime sacrifices. In the early morn of existence, ere the trail of the serpent had despoiled his primeval purity, man stood forth perfect in his moral, intellectual and physical conformation—the crowning glory of Heaven's creative power. Why he fell from his high and holy estate, and of the means used for his spiritual restoration, we leave for divines and theologians to discuss. But to relieve his physical wants and administer to his physical necessities arising from his fall, is the province of

the science of medicine. As the seed of the woman which should bruise the serpent's head was the promised panacea of man's spiritual ills, consequent upon his partaking "the fruit of the forbidden tree whose mortal taste brought death into the world and all our woe," so do we believe that the same loving and provident Hand has placed within our reach remedies commensurate with our physical wants and necessities. From that day until now the energy and ingenuity of man has been taxed to discover these remedies and to learn their adaptation to the varied ills that afflict humanity. From that day until now our science has been progressing *pari passu* with other sciences. No martial music nor imposing pageantry has announced to the world the splendor of her triumphs; but as silent as the dews of Heaven has been her onward march. If Fulton gave to the world the application of steam, the genius of the immortal Jenner has disarmed of its terrors the most loathsome disease that afflicts humanity. If telegraphy has annihilated space and bound together with electric cords the most distant nations, the anæsthetic effect of Chloroform has rendered painless the most heroic operations known to surgery. New weapons of warfare against pain and disease are constantly being wrought out in the laboratories of the scientific Chemist. Ours indeed is pre-eminently a progressive science. New truths are constantly being elucidated and inculcated and false premises and deductions exposed; and though, as before declared, ours be not of the exact sciences, and in consequence of facts already intimated, there be much concerning life and disease that we cannot understand, our profession can be and is of vast importance to mankind. The Physician has almost a superhuman mission to fulfill. The goal of his ambition stands at the *ultima thule* of human capacity. He would gladly know all the secrets of organization, all the occult mysteries of therapeutics, physiology and pathology; but such perfection of human knowledge as is embraced in a thorough understanding of the nature of life, of mind and even of matter is perhaps beyond the reach of finite capacity. But most fortunately this exactness of knowledge is not necessary to the successful practice of medicine. We may aspire to this perfection—our ambition may pant for its dazzling and captivating heights, and though we may never reach them, yet we may continually approach unto them. The successful warrior, Alex-

ander like, may subdue all nations, and his insatiable ambition may weep because there is not more of human blood upon which to gloat its rapacious appetite; but the ambitious devotee of medical science will find through all time to come unconquered provinces that lie stretched out before his admiring and enraptured gaze—hidden spots in the fields of thought that will ever remain unexplored—deep problems of life and death unsounded by any line of thought cast from human intellect. But it is ominous of good—it is a hopeful sign of real progress in knowledge when we have discovered our errors and our ignorance. The night of prejudice, superstition and error that for so long a time has cast her sable mantle and blighting influence over our humane and benevolent profession is well nigh spent; and already the sun of Truth is lighting up the Orient with the effulgence of his rising splendors. In this rosy morn—which we may most reasonably and fondly hope will be but the prelude to a brighter day that is dawning upon the medical world—let each of us come manfully to the task of removing the *debris* of demolished theories and systems—build upon the ruins thereof a grand and noble temple—adorn it with the pure gold we have gathered from the dross of centuries, and dedicate it to a more enlightened, and more scientific and a more rational system of medicine than that known to and practiced by our fathers.

ERRATA.—On page 9, in second line from top, for “preverbial” read “properbial.” Same page, in seventh line from bottom, for “dispised” read “despised.” On page 10, in twentieth line from top, for “dispised” read “despised.” On page 11, in seventh line from top, for “crimnal” read “criminal.” Same page’ seventeenth line from top, for “organice” read “organic.” On page 13. in eighth line from top, for “conciencious” read “conscientious.” On page 16, in fifteenth line from bottom, for “ingratitute” read “ingratitude.” On page 20, in twenty-first line from bottom, for “pefore” read “before.” On page 21, in fifteenth line from top, for “is” read “as.” On page 26, in seventh line from top, for “gready” read “greedy.” On page 33, in fifth line from bottom, for “uteras” read “uterus.” On page 41, in fifteenth line from top, for “ce” read “be”; and in same line, for “sntrance” read “entrance.”

